

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$9,595,927	\$7,593,483	(\$2,002,444)	-21%
2	Short Term Investments	\$13,407,390	\$8,299,896	(\$5,107,494)	-38%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$10,764,165	\$10,144,136	(\$620,029)	-6%
4	Current Assets Whose Use is Limited for Current Liabilities	\$605,899	\$233,000	(\$372,899)	-62%
5	Due From Affiliates	\$266,302	\$866,831	\$600,529	226%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,478,957	\$2,031,106	\$552,149	37%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$228,139	\$75,452	(\$152,687)	-67%
	<b>Total Current Assets</b>	<b>\$36,346,779</b>	<b>\$29,243,904</b>	<b>(\$7,102,875)</b>	<b>-20%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$3,734,376	\$3,905,024	\$170,648	5%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$1,292,324	\$1,292,303	(\$21)	0%
4	Other Noncurrent Assets Whose Use is Limited	\$4,059,484	\$3,521,096	(\$538,388)	-13%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$9,086,184</b>	<b>\$8,718,423</b>	<b>(\$367,761)</b>	<b>-4%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$6,880,487	\$9,575,149	\$2,694,662	39%
7	Other Noncurrent Assets	\$773,880	\$696,283	(\$77,597)	-10%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$79,831,857	\$84,396,414	\$4,564,557	6%
2	Less: Accumulated Depreciation	\$55,565,960	\$59,922,177	\$4,356,217	8%
	<b>Property, Plant and Equipment, Net</b>	<b>\$24,265,897</b>	<b>\$24,474,237</b>	<b>\$208,340</b>	<b>1%</b>
3	Construction in Progress	\$1,220,368	\$7,373,183	\$6,152,815	504%
	<b>Total Net Fixed Assets</b>	<b>\$25,486,265</b>	<b>\$31,847,420</b>	<b>\$6,361,155</b>	<b>25%</b>
	<b>Total Assets</b>	<b>\$78,573,595</b>	<b>\$80,081,179</b>	<b>\$1,507,584</b>	<b>2%</b>

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REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$3,594,514	\$3,164,793	(\$429,721)	-12%
2	Salaries, Wages and Payroll Taxes	\$1,564,816	\$885,149	(\$679,667)	-43%
3	Due To Third Party Payers	\$3,205,718	\$1,308,122	(\$1,897,596)	-59%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$530,000	\$560,000	\$30,000	6%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$7,150,220	\$8,417,439	\$1,267,219	18%
	<b>Total Current Liabilities</b>	<b>\$16,045,268</b>	<b>\$14,335,503</b>	<b>(\$1,709,765)</b>	<b>-11%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$13,620,000	\$14,691,107	\$1,071,107	8%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$13,620,000</b>	<b>\$14,691,107</b>	<b>\$1,071,107</b>	<b>8%</b>
3	Accrued Pension Liability	\$25,602,222	\$28,880,608	\$3,278,386	13%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	<b>Total Long Term Liabilities</b>	<b>\$39,222,222</b>	<b>\$43,571,715</b>	<b>\$4,349,493</b>	<b>11%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$15,965,857	\$15,206,895	(\$758,962)	-5%
2	Temporarily Restricted Net Assets	\$3,705,481	\$3,249,741	(\$455,740)	-12%
3	Permanently Restricted Net Assets	\$3,634,767	\$3,717,325	\$82,558	2%
	<b>Total Net Assets</b>	<b>\$23,306,105</b>	<b>\$22,173,961</b>	<b>(\$1,132,144)</b>	<b>-5%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$78,573,595</b>	<b>\$80,081,179</b>	<b>\$1,507,584</b>	<b>2%</b>

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$165,561,002	\$168,847,093	\$3,286,091	2%
2	Less: Allowances	\$68,355,481	\$66,803,878	(\$1,551,603)	-2%
3	Less: Charity Care	\$1,210,237	\$1,391,261	\$181,024	15%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$95,995,284</b>	<b>\$100,651,954</b>	<b>\$4,656,670</b>	<b>5%</b>
5	Other Operating Revenue	\$2,788,759	\$2,972,027	\$183,268	7%
6	Net Assets Released from Restrictions	\$197,268	\$307,931	\$110,663	56%
	<b>Total Operating Revenue</b>	<b>\$98,981,311</b>	<b>\$103,931,912</b>	<b>\$4,950,601</b>	<b>5%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$43,396,097	\$45,641,678	\$2,245,581	5%
2	Fringe Benefits	\$11,919,183	\$13,550,345	\$1,631,162	14%
3	Physicians Fees	\$2,143,583	\$2,019,693	(\$123,890)	-6%
4	Supplies and Drugs	\$13,853,178	\$13,591,807	(\$261,371)	-2%
5	Depreciation and Amortization	\$4,490,815	\$4,508,893	\$18,078	0%
6	Bad Debts	\$3,538,352	\$3,376,899	(\$161,453)	-5%
7	Interest	\$712,804	\$759,641	\$46,837	7%
8	Malpractice	\$1,253,684	\$1,269,030	\$15,346	1%
9	Other Operating Expenses	\$15,455,908	\$15,693,953	\$238,045	2%
	<b>Total Operating Expenses</b>	<b>\$96,763,604</b>	<b>\$100,411,939</b>	<b>\$3,648,335</b>	<b>4%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$2,217,707</b>	<b>\$3,519,973</b>	<b>\$1,302,266</b>	<b>59%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$93,880	\$90,377	(\$3,503)	-4%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$751,585)	\$516,895	\$1,268,480	-169%
	<b>Total Non-Operating Revenue</b>	<b>(\$657,705)</b>	<b>\$607,272</b>	<b>\$1,264,977</b>	<b>-192%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$1,560,002</b>	<b>\$4,127,245</b>	<b>\$2,567,243</b>	<b>165%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$1,560,002</b>	<b>\$4,127,245</b>	<b>\$2,567,243</b>	<b>165%</b>
	Principal Payments	\$500,000	\$530,000	\$30,000	6%

**DAY KIMBALL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$28,092,654	\$24,321,791	(\$3,770,863)	-13%
2	MEDICARE MANAGED CARE	\$3,332,580	\$4,024,892	\$692,312	21%
3	MEDICAID	\$4,676,223	\$5,393,111	\$716,888	15%
4	MEDICAID MANAGED CARE	\$3,333,916	\$3,820,634	\$486,718	15%
5	CHAMPUS/TRICARE	\$120,481	\$306,112	\$185,631	154%
6	COMMERCIAL INSURANCE	\$15,500,907	\$13,754,085	(\$1,746,822)	-11%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$225,408	\$195,883	(\$29,525)	-13%
9	SELF- PAY/UNINSURED	\$1,028,632	\$1,207,338	\$178,706	17%
10	SAGA	\$1,797,947	\$1,096,386	(\$701,561)	-39%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$58,108,748</b>	<b>\$54,120,232</b>	<b>(\$3,988,516)</b>	<b>-7%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$30,050,023	\$31,202,303	\$1,152,280	4%
2	MEDICARE MANAGED CARE	\$4,552,545	\$5,188,084	\$635,539	14%
3	MEDICAID	\$5,145,606	\$6,886,664	\$1,741,058	34%
4	MEDICAID MANAGED CARE	\$8,853,455	\$11,317,722	\$2,464,267	28%
5	CHAMPUS/TRICARE	\$715,569	\$1,082,313	\$366,744	51%
6	COMMERCIAL INSURANCE	\$51,030,764	\$53,118,263	\$2,087,499	4%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,630,969	\$1,514,836	(\$116,133)	-7%
9	SELF- PAY/UNINSURED	\$2,467,936	\$2,592,162	\$124,226	5%
10	SAGA	\$3,005,386	\$1,824,513	(\$1,180,873)	-39%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$107,452,253</b>	<b>\$114,726,860</b>	<b>\$7,274,607</b>	<b>7%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$58,142,677	\$55,524,094	(\$2,618,583)	-5%
2	MEDICARE MANAGED CARE	\$7,885,125	\$9,212,976	\$1,327,851	17%
3	MEDICAID	\$9,821,829	\$12,279,775	\$2,457,946	25%
4	MEDICAID MANAGED CARE	\$12,187,371	\$15,138,356	\$2,950,985	24%
5	CHAMPUS/TRICARE	\$836,050	\$1,388,425	\$552,375	66%
6	COMMERCIAL INSURANCE	\$66,531,671	\$66,872,348	\$340,677	1%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,856,377	\$1,710,719	(\$145,658)	-8%
9	SELF- PAY/UNINSURED	\$3,496,568	\$3,799,500	\$302,932	9%
10	SAGA	\$4,803,333	\$2,920,899	(\$1,882,434)	-39%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$165,561,001</b>	<b>\$168,847,092</b>	<b>\$3,286,091</b>	<b>2%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$16,220,731	\$16,459,156	\$238,425	1%
2	MEDICARE MANAGED CARE	\$1,875,946	\$2,225,226	\$349,280	19%
3	MEDICAID	\$2,401,323	\$2,412,528	\$11,205	0%
4	MEDICAID MANAGED CARE	\$1,607,748	\$1,828,922	\$221,174	14%
5	CHAMPUS/TRICARE	\$52,101	\$179,806	\$127,705	245%
6	COMMERCIAL INSURANCE	\$8,902,555	\$8,596,511	(\$306,044)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$197,190	\$135,767	(\$61,423)	-31%
9	SELF- PAY/UNINSURED	\$52,535	\$50,266	(\$2,269)	-4%
10	SAGA	\$372,324	\$246,767	(\$125,557)	-34%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$31,682,453</b>	<b>\$32,134,949</b>	<b>\$452,496</b>	<b>1%</b>

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$13,913,347	\$15,623,156	\$1,709,809	12%
2	MEDICARE MANAGED CARE	\$2,041,476	\$1,854,318	(\$187,158)	-9%
3	MEDICAID	\$1,941,901	\$2,285,112	\$343,211	18%
4	MEDICAID MANAGED CARE	\$3,864,108	\$4,871,635	\$1,007,527	26%
5	CHAMPUS/TRICARE	\$362,147	\$542,788	\$180,641	50%
6	COMMERCIAL INSURANCE	\$36,181,237	\$37,307,187	\$1,125,950	3%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,262,732	\$1,232,257	(\$30,475)	-2%
9	SELF- PAY/UNINSURED	\$159,075	\$125,390	(\$33,685)	-21%
10	SAGA	\$585,115	\$318,194	(\$266,921)	-46%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$60,311,138</b>	<b>\$64,160,037</b>	<b>\$3,848,899</b>	<b>6%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$30,134,078	\$32,082,312	\$1,948,234	6%
2	MEDICARE MANAGED CARE	\$3,917,422	\$4,079,544	\$162,122	4%
3	MEDICAID	\$4,343,224	\$4,697,640	\$354,416	8%
4	MEDICAID MANAGED CARE	\$5,471,856	\$6,700,557	\$1,228,701	22%
5	CHAMPUS/TRICARE	\$414,248	\$722,594	\$308,346	74%
6	COMMERCIAL INSURANCE	\$45,083,792	\$45,903,698	\$819,906	2%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,459,922	\$1,368,024	(\$91,898)	-6%
9	SELF- PAY/UNINSURED	\$211,610	\$175,656	(\$35,954)	-17%
10	SAGA	\$957,439	\$564,961	(\$392,478)	-41%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL NET REVENUE</b>	<b>\$91,993,591</b>	<b>\$96,294,986</b>	<b>\$4,301,395</b>	<b>5%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	2,292	2,019	(273)	-12%
2	MEDICARE MANAGED CARE	279	315	36	13%
3	MEDICAID	340	453	113	33%
4	MEDICAID MANAGED CARE	531	597	66	12%
5	CHAMPUS/TRICARE	13	46	33	254%
6	COMMERCIAL INSURANCE	1,798	1,632	(166)	-9%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	149	13	(136)	-91%
9	SELF- PAY/UNINSURED	72	81	9	13%
10	SAGA	99	46	(53)	-54%
11	OTHER	0	0	0	0%
	<b>TOTAL DISCHARGES</b>	<b>5,573</b>	<b>5,202</b>	<b>(371)</b>	<b>-7%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	9,861	8,308	(1,553)	-16%
2	MEDICARE MANAGED CARE	971	1,214	243	25%
3	MEDICAID	1,685	2,140	455	27%
4	MEDICAID MANAGED CARE	1,251	1,307	56	4%
5	CHAMPUS/TRICARE	41	105	64	156%
6	COMMERCIAL INSURANCE	5,740	5,264	(476)	-8%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	47	25	(22)	-47%
9	SELF- PAY/UNINSURED	204	348	144	71%
10	SAGA	404	165	(239)	-59%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>20,204</b>	<b>18,876</b>	<b>(1,328)</b>	<b>-7%</b>

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>C. OUTPATIENT VISITS</b>					
1	MEDICARE TRADITIONAL	101,973	91,197	(10,776)	-11%
2	MEDICARE MANAGED CARE	10,157	11,845	1,688	17%
3	MEDICAID	28,605	23,266	(5,339)	-19%
4	MEDICAID MANAGED CARE	30,084	35,891	5,807	19%
5	CHAMPUS/TRICARE	2,665	3,359	694	26%
6	COMMERCIAL INSURANCE	150,980	139,672	(11,308)	-7%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	2,251	1,992	(259)	-12%
9	SELF- PAY/UNINSURED	6,925	6,511	(414)	-6%
10	SAGA	5,191	3,160	(2,031)	-39%
11	OTHER	0	0	0	0%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>338,831</b>	<b>316,893</b>	<b>(21,938)</b>	<b>-6%</b>
<b>IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>					
<b>A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$4,331,270	\$4,560,717	\$229,447	5%
2	MEDICARE MANAGED CARE	\$584,597	\$723,010	\$138,413	24%
3	MEDICAID	\$1,393,810	\$1,891,963	\$498,153	36%
4	MEDICAID MANAGED CARE	\$2,940,616	\$3,522,987	\$582,371	20%
5	CHAMPUS/TRICARE	\$171,785	\$257,241	\$85,456	50%
6	COMMERCIAL INSURANCE	\$8,291,344	\$8,594,501	\$303,157	4%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$463,236	\$456,256	(\$6,980)	-2%
9	SELF- PAY/UNINSURED	\$1,650,449	\$1,694,553	\$44,104	3%
10	SAGA	\$1,281,080	\$763,095	(\$517,985)	-40%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$21,108,187</b>	<b>\$22,464,323</b>	<b>\$1,356,136</b>	<b>6%</b>
<b>B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$1,695,687	\$1,756,003	\$60,316	4%
2	MEDICARE MANAGED CARE	\$225,861	\$253,625	\$27,764	12%
3	MEDICAID	\$386,072	\$570,276	\$184,204	48%
4	MEDICAID MANAGED CARE	\$1,139,740	\$1,333,341	\$193,601	17%
5	CHAMPUS/TRICARE	\$83,307	\$125,379	\$42,072	51%
6	COMMERCIAL INSURANCE	\$6,617,188	\$6,887,193	\$270,005	4%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$407,970	\$405,253	(\$2,717)	-1%
9	SELF- PAY/UNINSURED	\$1,312,590	\$1,021,386	(\$291,204)	-22%
10	SAGA	\$104,915	\$27,603	(\$77,312)	-74%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$11,973,330</b>	<b>\$12,380,059</b>	<b>\$406,729</b>	<b>3%</b>
<b>C. EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>					
1	MEDICARE TRADITIONAL	4,498	4,289	(209)	-5%
2	MEDICARE MANAGED CARE	616	674	58	9%
3	MEDICAID	2,167	2,381	214	10%
4	MEDICAID MANAGED CARE	5,364	7,274	1,910	36%
5	CHAMPUS/TRICARE	263	383	120	46%
6	COMMERCIAL INSURANCE	11,083	9,565	(1,518)	-14%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	999	831	(168)	-17%
9	SELF- PAY/UNINSURED	3,401	2,301	(1,100)	-32%
10	SAGA	1,710	952	(758)	-44%
11	OTHER	0	0	0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>30,101</b>	<b>28,650</b>	<b>(1,451)</b>	<b>-5%</b>

**DAY KIMBALL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I.</b>	<b>OPERATING EXPENSE BY CATEGORY</b>				
<b>A.</b>	<b>Salaries &amp; Wages:</b>				
1	Nursing Salaries	\$14,709,080	\$15,382,127	\$673,047	5%
2	Physician Salaries	\$3,546,430	\$3,398,414	(\$148,016)	-4%
3	Non-Nursing, Non-Physician Salaries	\$25,140,587	\$26,861,137	\$1,720,550	7%
	<b>Total Salaries &amp; Wages</b>	<b>\$43,396,097</b>	<b>\$45,641,678</b>	<b>\$2,245,581</b>	<b>5%</b>
<b>B.</b>	<b>Fringe Benefits:</b>				
1	Nursing Fringe Benefits	\$4,040,000	\$4,566,728	\$526,728	13%
2	Physician Fringe Benefits	\$974,063	\$1,008,939	\$34,876	4%
3	Non-Nursing, Non-Physician Fringe Benefits	\$6,905,120	\$7,974,678	\$1,069,558	15%
	<b>Total Fringe Benefits</b>	<b>\$11,919,183</b>	<b>\$13,550,345</b>	<b>\$1,631,162</b>	<b>14%</b>
<b>C.</b>	<b>Contractual Labor Fees:</b>				
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$2,143,583	\$2,019,693	(\$123,890)	-6%
3	Non-Nursing, Non-Physician Fees	\$4,196,742	\$4,080,397	(\$116,345)	-3%
	<b>Total Contractual Labor Fees</b>	<b>\$6,340,325</b>	<b>\$6,100,090</b>	<b>(\$240,235)</b>	<b>-4%</b>
<b>D.</b>	<b>Medical Supplies and Pharmaceutical Cost:</b>				
1	Medical Supplies	\$9,048,255	\$8,654,560	(\$393,695)	-4%
2	Pharmaceutical Costs	\$4,804,923	\$4,937,247	\$132,324	3%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$13,853,178</b>	<b>\$13,591,807</b>	<b>(\$261,371)</b>	<b>-2%</b>
<b>E.</b>	<b>Depreciation and Amortization:</b>				
1	Depreciation-Building	\$2,005,515	\$2,130,586	\$125,071	6%
2	Depreciation-Equipment	\$2,405,335	\$2,288,133	(\$117,202)	-5%
3	Amortization	\$79,965	\$90,174	\$10,209	13%
	<b>Total Depreciation and Amortization</b>	<b>\$4,490,815</b>	<b>\$4,508,893</b>	<b>\$18,078</b>	<b>0%</b>
<b>F.</b>	<b>Bad Debts:</b>				
1	Bad Debts	\$3,538,352	\$3,376,899	(\$161,453)	-5%
<b>G.</b>	<b>Interest Expense:</b>				
1	Interest Expense	\$712,804	\$759,641	\$46,837	7%
<b>H.</b>	<b>Malpractice Insurance Cost:</b>				
1	Malpractice Insurance Cost	\$1,253,684	\$1,269,030	\$15,346	1%
<b>I.</b>	<b>Utilities:</b>				
1	Water	\$47,220	\$59,390	\$12,170	26%
2	Natural Gas	\$469,014	\$468,347	(\$667)	0%
3	Oil	\$3,237	\$3,860	\$623	19%
4	Electricity	\$879,403	\$927,146	\$47,743	5%
5	Telephone	\$360,526	\$466,753	\$106,227	29%
6	Other Utilities	\$4,914	\$3,975	(\$939)	-19%
	<b>Total Utilities</b>	<b>\$1,764,314</b>	<b>\$1,929,471</b>	<b>\$165,157</b>	<b>9%</b>
<b>J.</b>	<b>Business Expenses:</b>				
1	Accounting Fees	\$156,334	\$149,882	(\$6,452)	-4%
2	Legal Fees	\$370,151	\$480,540	\$110,389	30%
3	Consulting Fees	\$665,506	\$770,494	\$104,988	16%
4	Dues and Membership	\$231,089	\$283,560	\$52,471	23%
5	Equipment Leases	\$341,533	\$293,710	(\$47,823)	-14%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$1,203,626	\$1,224,287	\$20,661	2%
8	Insurance	\$268,744	\$295,291	\$26,547	10%
9	Travel	\$329,135	\$281,775	(\$47,360)	-14%
10	Conferences	\$48,200	\$66,873	\$18,673	39%
11	Property Tax	\$52,630	\$57,640	\$5,010	10%
12	General Supplies	\$489,357	\$468,981	(\$20,376)	-4%

**DAY KIMBALL HOSPITAL  
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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
13	Licenses and Subscriptions	\$46,949	\$46,055	(\$894)	-2%
14	Postage and Shipping	\$113,227	\$114,729	\$1,502	1%
15	Advertising	\$172,008	\$330,940	\$158,932	92%
16	Other Business Expenses	\$0	\$0	\$0	0%
	<b>Total Business Expenses</b>	<b>\$4,488,489</b>	<b>\$4,864,757</b>	<b>\$376,268</b>	<b>8%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$5,006,363	\$4,819,328	(\$187,035)	-4%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$96,763,604</b>	<b>\$100,411,939</b>	<b>\$3,648,335</b>	<b>4%</b>
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				
<b>II.</b>	<b>OPERATING EXPENSE BY DEPARTMENT</b>				
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$4,836,963	\$5,667,836	\$830,873	17%
2	General Accounting	\$1,200,133	\$1,199,620	(\$513)	0%
3	Patient Billing & Collection	\$2,411,731	\$2,499,699	\$87,968	4%
4	Admitting / Registration Office	\$0	\$0	\$0	0%
5	Data Processing	\$0	\$0	\$0	0%
6	Communications	\$395,313	\$498,150	\$102,837	26%
7	Personnel	\$0	\$0	\$0	0%
8	Public Relations	\$0	\$0	\$0	0%
9	Purchasing	\$0	\$0	\$0	0%
10	Dietary and Cafeteria	\$1,745,679	\$1,768,623	\$22,944	1%
11	Housekeeping	\$918,485	\$973,662	\$55,177	6%
12	Laundry & Linen	\$0	\$0	\$0	0%
13	Operation of Plant	\$2,939,767	\$3,171,467	\$231,700	8%
14	Security	\$350,911	\$394,221	\$43,310	12%
15	Repairs and Maintenance	\$744,147	\$746,303	\$2,156	0%
16	Central Sterile Supply	\$266,204	\$276,354	\$10,150	4%
17	Pharmacy Department	\$5,094,155	\$5,301,995	\$207,840	4%
18	Other General Services	\$2,042,112	\$2,151,319	\$109,207	5%
	<b>Total General Services</b>	<b>\$22,945,600</b>	<b>\$24,649,249</b>	<b>\$1,703,649</b>	<b>7%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$83,038	\$88,056	\$5,018	6%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$952,161	\$982,373	\$30,212	3%
4	Medical Records	\$913,403	\$970,855	\$57,452	6%
5	Social Service	\$0	\$0	\$0	0%
6	Other Professional Services	\$138,514	\$119,982	(\$18,532)	-13%
	<b>Total Professional Services</b>	<b>\$2,087,116</b>	<b>\$2,161,266</b>	<b>\$74,150</b>	<b>4%</b>
<b>C.</b>	<b>Special Services:</b>				
1	Operating Room	\$4,609,801	\$4,644,275	\$34,474	1%
2	Recovery Room	\$378,809	\$411,724	\$32,915	9%
3	Anesthesiology	\$441,661	\$0	(\$441,661)	-100%
4	Delivery Room	\$886,347	\$1,018,317	\$131,970	15%
5	Diagnostic Radiology	\$2,247,489	\$2,351,356	\$103,867	5%
6	Diagnostic Ultrasound	\$547,653	\$674,654	\$127,001	23%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$522,257	\$477,283	(\$44,974)	-9%
9	CT Scan	\$615,241	\$651,585	\$36,344	6%
10	Laboratory	\$5,456,855	\$5,353,859	(\$102,996)	-2%
11	Blood Storing/Processing	\$406,629	\$353,901	(\$52,728)	-13%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$482,483	\$479,914	(\$2,569)	-1%
14	Electroencephalography	\$24,768	\$22,211	(\$2,557)	-10%
15	Occupational Therapy	\$0	\$0	\$0	0%

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(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2009 ACTUAL</b>	<b>FY 2010 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$658,399	\$701,783	\$43,384	7%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$298,655	\$340,950	\$42,295	14%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$2,935,436	\$3,130,953	\$195,517	7%
25	MRI	\$1,119,140	\$1,246,384	\$127,244	11%
26	PET Scan	\$224,500	\$244,263	\$19,763	9%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$350,497	\$404,577	\$54,080	15%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$248,719	\$269,961	\$21,242	9%
32	Occupational Therapy / Physical Therapy	\$0	\$0	\$0	0%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$36,088	\$139,495	\$103,407	287%
	<b>Total Special Services</b>	<b>\$22,491,427</b>	<b>\$22,917,445</b>	<b>\$426,018</b>	<b>2%</b>
<b>D.</b>	<b>Routine Services:</b>				
1	Medical & Surgical Units	\$3,218,722	\$3,212,547	(\$6,175)	0%
2	Intensive Care Unit	\$3,670,350	\$2,357,974	(\$1,312,376)	-36%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,084,925	\$2,077,140	(\$7,785)	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$477,628	\$474,528	(\$3,100)	-1%
7	Newborn Nursery Unit	\$384,579	\$395,392	\$10,813	3%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$1,785,088	\$1,842,206	\$57,118	3%
10	Ambulatory Surgery	\$1,435,896	\$1,462,555	\$26,659	2%
11	Home Care	\$4,780,044	\$5,047,930	\$267,886	6%
12	Outpatient Clinics	\$6,254,171	\$6,277,559	\$23,388	0%
13	Other Routine Services	\$0	\$0	\$0	0%
	<b>Total Routine Services</b>	<b>\$24,091,403</b>	<b>\$23,147,831</b>	<b>(\$943,572)</b>	<b>-4%</b>
<b>E.</b>	<b>Other Departments:</b>				
1	Miscellaneous Other Departments	\$25,148,058	\$27,536,148	\$2,388,090	9%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$96,763,604</b>	<b>\$100,411,939</b>	<b>\$3,648,335</b>	<b>4%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

DAY KIMBALL HOSPITAL				
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FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$88,983,220	\$ 95,995,284	\$100,651,954
2	Other Operating Revenue	2,929,366	2,986,027	3,279,958
3	Total Operating Revenue	\$91,912,586	\$98,981,311	\$103,931,912
4	Total Operating Expenses	95,714,493	96,763,604	100,411,939
5	Income/(Loss) From Operations	(\$3,801,907)	\$2,217,707	\$3,519,973
6	Total Non-Operating Revenue	990,034	(657,705)	607,272
7	Excess/(Deficiency) of Revenue Over Expenses	(\$2,811,873)	\$1,560,002	\$4,127,245
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	-4.09%	2.26%	3.37%
2	Hospital Non Operating Margin	1.07%	-0.67%	0.58%
3	Hospital Total Margin	-3.03%	1.59%	3.95%
4	Income/(Loss) From Operations	(\$3,801,907)	\$2,217,707	\$3,519,973
5	Total Operating Revenue	\$91,912,586	\$98,981,311	\$103,931,912
6	Total Non-Operating Revenue	\$990,034	(\$657,705)	\$607,272
7	Total Revenue	\$92,902,620	\$98,323,606	\$104,539,184
8	Excess/(Deficiency) of Revenue Over Expenses	(\$2,811,873)	\$1,560,002	\$4,127,245
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$38,740,218	\$15,965,857	\$15,206,895
2	Hospital Total Net Assets	\$45,778,471	\$23,306,105	\$22,173,961
3	Hospital Change in Total Net Assets	(\$620,334)	(\$22,472,366)	(\$1,132,144)
4	Hospital Change in Total Net Assets %	98.7%	-49.1%	-4.9%
<b>D. <u>Cost Data Summary</u></b>				
1	<b><u>Ratio of Cost to Charges</u></b>	<b>0.61</b>	<b>0.57</b>	<b>0.58</b>
2	Total Operating Expenses	\$95,714,493	\$96,763,604	\$100,411,939
3	Total Gross Revenue	\$154,041,672	\$165,561,001	\$168,847,092
4	Total Other Operating Revenue	\$2,799,000	\$2,788,759	\$2,972,027
5	<b><u>Private Payment to Cost Ratio</u></b>	<b>1.11</b>	<b>1.18</b>	<b>1.18</b>
6	Total Non-Government Payments	\$43,800,726	\$46,755,324	\$47,447,378
7	Total Uninsured Payments	\$258,369	\$211,610	\$175,656
8	Total Non-Government Charges	\$67,595,474	\$71,884,616	\$72,382,567
9	Total Uninsured Charges	\$3,403,894	\$3,496,568	\$3,799,500

<b>DAY KIMBALL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.83</b>	<b>0.90</b>	<b>0.96</b>
11	Total Medicare Payments	\$31,420,686	\$34,051,500	\$36,161,856
12	Total Medicare Charges	\$61,936,891	\$66,027,802	\$64,737,070
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.66</b>	<b>0.78</b>	<b>0.71</b>
14	Total Medicaid Payments	\$7,555,477	\$9,815,080	\$11,398,197
15	Total Medicaid Charges	\$18,782,007	\$22,009,200	\$27,418,131
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$2,780,816</b>	<b>\$2,675,910</b>	<b>\$2,748,737</b>
17	Charity Care	\$720,702	\$1,210,237	\$1,391,261
18	Bad Debts	\$3,836,028	\$3,445,323	\$3,312,220
19	Total Uncompensated Care	\$4,556,730	\$4,655,560	\$4,703,481
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>2.9%</b>	<b>2.8%</b>	<b>2.7%</b>
21	Total Operating Expenses	\$95,714,493	\$96,763,604	\$100,411,939
<b>E. <u>Liquidity Measures Summary</u></b>				
<b>1</b>	<b><u>Current Ratio</u></b>	<b>2.66</b>	<b>2.27</b>	<b>2.04</b>
2	Total Current Assets	\$36,058,295	\$36,346,779	\$29,243,904
3	Total Current Liabilities	\$13,574,712	\$16,045,268	\$14,335,503
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>96</b>	<b>91</b>	<b>60</b>
5	Cash and Cash Equivalents	\$10,783,018	\$9,595,927	\$7,593,483
6	Short Term Investments	13,335,058	13,407,390	8,299,896
7	Total Cash and Short Term Investments	\$24,118,076	\$23,003,317	\$15,893,379
8	Total Operating Expenses	\$95,714,493	\$96,763,604	\$100,411,939
9	Depreciation Expense	\$4,396,933	\$4,490,815	\$4,508,893
10	Operating Expenses less Depreciation Expense	\$91,317,560	\$92,272,789	\$95,903,046

<b>DAY KIMBALL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>32.65</b>	<b>28.74</b>	<b>32.04</b>
12	Net Patient Accounts Receivable	\$ 9,875,269	\$ 10,764,165	\$ 10,144,136
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$1,916,517	\$3,205,718	\$1,308,122
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 7,958,752	\$ 7,558,447	\$ 8,836,014
16	Total Net Patient Revenue	\$88,983,220	\$ 95,995,284	\$ 100,651,954
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>54.26</b>	<b>63.47</b>	<b>54.56</b>
18	Total Current Liabilities	\$13,574,712	\$16,045,268	\$14,335,503
19	Total Operating Expenses	\$95,714,493	\$96,763,604	\$100,411,939
20	Depreciation Expense	\$4,396,933	\$4,490,815	\$4,508,893
21	Total Operating Expenses less Depreciation Expense	\$91,317,560	\$92,272,789	\$95,903,046
<b>F. <u>Solvency Measures Summary</u></b>				
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>60.6</b>	<b>29.7</b>	<b>27.7</b>
2	Total Net Assets	\$45,778,471	\$23,306,105	\$22,173,961
3	Total Assets	\$75,582,414	\$78,573,595	\$80,081,179
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>5.7</b>	<b>20.4</b>	<b>29.8</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$2,811,873)	\$1,560,002	\$4,127,245
6	Depreciation Expense	\$4,396,933	\$4,490,815	\$4,508,893
7	Excess of Revenues Over Expenses and Depreciation Expense	\$1,585,060	\$6,050,817	\$8,636,138
8	Total Current Liabilities	\$13,574,712	\$16,045,268	\$14,335,503
9	Total Long Term Debt	\$14,150,000	\$13,620,000	\$14,691,107
10	Total Current Liabilities and Total Long Term Debt	\$27,724,712	\$29,665,268	\$29,026,610
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>23.6</b>	<b>36.9</b>	<b>39.9</b>
12	Total Long Term Debt	\$14,150,000	\$13,620,000	\$14,691,107
13	Total Net Assets	\$45,778,471	\$23,306,105	\$22,173,961
14	Total Long Term Debt and Total Net Assets	\$59,928,471	\$36,926,105	\$36,865,068
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>3.2</b>	<b>5.6</b>	<b>7.3</b>
16	Excess Revenues over Expenses	(\$2,811,873)	\$1,560,002	\$4,127,245
17	Interest Expense	\$726,962	\$712,804	\$759,641
18	Depreciation and Amortization Expense	\$4,396,933	\$4,490,815	\$4,508,893
19	Principal Payments	\$0	\$500,000	\$530,000

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
<b>G. Other Financial Ratios</b>				
20	<b>Average Age of Plant</b>	11.7	12.4	13.3
21	Accumulated Depreciation	\$51,554,467	\$55,565,960	\$59,922,177
22	Depreciation and Amortization Expense	\$4,396,933	\$4,490,815	\$4,508,893
<b>H. Utilization Measures Summary</b>				
1	Patient Days	20,465	20,204	18,876
2	Discharges	5,387	5,573	5,202
3	ALOS	3.8	3.6	3.6
4	Staffed Beds	72	72	72
5	Available Beds	-	122	122
6	Licensed Beds	143	122	122
6	Occupancy of Staffed Beds	77.9%	76.9%	71.8%
7	Occupancy of Available Beds	46.0%	45.4%	42.4%
8	Full Time Equivalent Employees	714.4	737.9	774.8
<b>I. Hospital Gross Revenue Payer Mix Percentage</b>				
1	Non-Government Gross Revenue Payer Mix Percentage	41.7%	41.3%	40.6%
2	Medicare Gross Revenue Payer Mix Percentage	40.2%	39.9%	38.3%
3	Medicaid Gross Revenue Payer Mix Percentage	12.2%	13.3%	16.2%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	3.1%	2.9%	1.7%
5	Uninsured Gross Revenue Payer Mix Percentage	2.2%	2.1%	2.3%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.7%	0.5%	0.8%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$64,191,580	\$68,388,048	\$68,583,067
9	Medicare Gross Revenue (Charges)	\$61,936,891	\$66,027,802	\$64,737,070
10	Medicaid Gross Revenue (Charges)	\$18,782,007	\$22,009,200	\$27,418,131
11	Other Medical Assistance Gross Revenue (Charges)	\$4,699,993	\$4,803,333	\$2,920,899
12	Uninsured Gross Revenue (Charges)	\$3,403,894	\$3,496,568	\$3,799,500
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,027,307	\$836,050	\$1,388,425
14	Total Gross Revenue (Charges)	\$154,041,672	\$165,561,001	\$168,847,092

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
<b>J. Hospital Net Revenue Payer Mix Percentage</b>				
1	Non-Government Net Revenue Payer Mix Percentage	51.6%	50.6%	49.1%
2	Medicare Net Revenue Payer Mix Percentage	37.2%	37.0%	37.6%
3	Medicaid Net Revenue Payer Mix Percentage	8.9%	10.7%	11.8%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.4%	1.0%	0.6%
5	Uninsured Net Revenue Payer Mix Percentage	0.3%	0.2%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.5%	0.5%	0.8%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$43,542,357	\$46,543,714	\$47,271,722
9	Medicare Net Revenue (Payments)	\$31,420,686	\$34,051,500	\$36,161,856
10	Medicaid Net Revenue (Payments)	\$7,555,477	\$9,815,080	\$11,398,197
11	Other Medical Assistance Net Revenue (Payments)	\$1,223,465	\$957,439	\$564,961
12	Uninsured Net Revenue (Payments)	\$258,369	\$211,610	\$175,656
13	CHAMPUS / TRICARE Net Revenue Payments)	\$444,996	\$414,248	\$722,594
14	Total Net Revenue (Payments)	\$84,445,350	\$91,993,591	\$96,294,986
<b>K. Discharges</b>				
1	Non-Government (Including Self Pay / Uninsured)	1,980	2,019	1,726
2	Medicare	2,333	2,571	2,334
3	Medical Assistance	1,038	970	1,096
4	Medicaid	821	871	1,050
5	Other Medical Assistance	217	99	46
6	CHAMPUS / TRICARE	36	13	46
7	Uninsured (Included In Non-Government)	83	72	81
8	Total	5,387	5,573	5,202
<b>L. Case Mix Index</b>				
1	Non-Government (Including Self Pay / Uninsured)	0.782800	0.828400	0.829300
2	Medicare	1.083300	1.109300	1.023500
3	Medical Assistance	0.641443	0.621600	0.823100
4	Medicaid	0.628900	0.621600	0.823100
5	Other Medical Assistance	0.688900	0.621600	0.823100
6	CHAMPUS / TRICARE	0.542300	0.969100	0.665800
7	Uninsured (Included In Non-Government)	0.778400	0.909500	0.856700
8	Total Case Mix Index	0.884095	0.922321	0.913680
<b>M. Emergency Department Visits</b>				
1	Emergency Room - Treated and Admitted	3,505	3,673	3,604
2	Emergency Room - Treated and Discharged	24,650	30,101	28,650
3	Total Emergency Room Visits	28,155	33,774	32,254

**DAY KIMBALL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$18,580	\$11,871	(\$6,709)	-36%
2	Inpatient Payments	\$7,563	\$3,717	(\$3,846)	-51%
3	Outpatient Charges	\$21,132	\$16,861	(\$4,271)	-20%
4	Outpatient Payments	\$10,627	\$7,720	(\$2,907)	-27%
5	Discharges	2	1	(1)	-50%
6	Patient Days	5	3	(2)	-40%
7	Outpatient Visits (Excludes ED Visits)	36	52	16	44%
8	Emergency Department Outpatient Visits	3	3	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$39,712</b>	<b>\$28,732</b>	<b>(\$10,980)</b>	<b>-28%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$18,190</b>	<b>\$11,437</b>	<b>(\$6,753)</b>	<b>-37%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$649,206	\$655,709	\$6,503	1%
2	Inpatient Payments	\$374,077	\$328,402	(\$45,675)	-12%
3	Outpatient Charges	\$1,014,767	\$1,000,800	(\$13,967)	-1%
4	Outpatient Payments	\$514,308	\$351,717	(\$162,591)	-32%
5	Discharges	54	48	(6)	-11%
6	Patient Days	195	197	2	1%
7	Outpatient Visits (Excludes ED Visits)	1,829	2,264	435	24%
8	Emergency Department Outpatient Visits	75	101	26	35%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,663,973</b>	<b>\$1,656,509</b>	<b>(\$7,464)</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$888,385</b>	<b>\$680,119</b>	<b>(\$208,266)</b>	<b>-23%</b>

**DAY KIMBALL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$1,713,338	\$2,124,237	\$410,899	24%
2	Inpatient Payments	\$983,574	\$1,174,687	\$191,113	19%
3	Outpatient Charges	\$2,377,839	\$2,537,981	\$160,142	7%
4	Outpatient Payments	\$989,250	\$954,613	(\$34,637)	-4%
5	Discharges	143	158	15	10%
6	Patient Days	486	617	131	27%
7	Outpatient Visits (Excludes ED Visits)	5,014	5,525	511	10%
8	Emergency Department Outpatient Visits	292	298	6	2%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,091,177</b>	<b>\$4,662,218</b>	<b>\$571,041</b>	<b>14%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,972,824</b>	<b>\$2,129,300</b>	<b>\$156,476</b>	<b>8%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$887,048	\$1,166,652	\$279,604	32%
2	Inpatient Payments	\$465,492	\$685,151	\$219,659	47%
3	Outpatient Charges	\$1,102,272	\$1,581,475	\$479,203	43%
4	Outpatient Payments	\$512,282	\$514,051	\$1,769	0%
5	Discharges	75	104	29	39%
6	Patient Days	263	385	122	46%
7	Outpatient Visits (Excludes ED Visits)	2,520	3,156	636	25%
8	Emergency Department Outpatient Visits	242	268	26	11%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,989,320</b>	<b>\$2,748,127</b>	<b>\$758,807</b>	<b>38%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$977,774</b>	<b>\$1,199,202</b>	<b>\$221,428</b>	<b>23%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**DAY KIMBALL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$64,408	\$66,423	\$2,015	3%
2	Inpatient Payments	\$45,240	\$33,269	(\$11,971)	-26%
3	Outpatient Charges	\$36,535	\$50,967	\$14,432	40%
4	Outpatient Payments	\$15,009	\$26,217	\$11,208	75%
5	Discharges	5	4	(1)	-20%
6	Patient Days	22	12	(10)	-45%
7	Outpatient Visits (Excludes ED Visits)	142	174	32	23%
8	Emergency Department Outpatient Visits	4	4	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$100,943</b>	<b>\$117,390</b>	<b>\$16,447</b>	<b>16%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$60,249</b>	<b>\$59,486</b>	<b>(\$763)</b>	<b>-1%</b>

**DAY KIMBALL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**DAY KIMBALL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M. UNIVERSAL AMERICAN</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$3,332,580</b>	<b>\$4,024,892</b>	<b>\$692,312</b>	<b>21%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$1,875,946</b>	<b>\$2,225,226</b>	<b>\$349,280</b>	<b>19%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$4,552,545</b>	<b>\$5,188,084</b>	<b>\$635,539</b>	<b>14%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$2,041,476</b>	<b>\$1,854,318</b>	<b>(\$187,158)</b>	<b>-9%</b>
	<b>TOTAL DISCHARGES</b>	<b>279</b>	<b>315</b>	<b>36</b>	<b>13%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>971</b>	<b>1,214</b>	<b>243</b>	<b>25%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>9,541</b>	<b>11,171</b>	<b>1,630</b>	<b>17%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>616</b>	<b>674</b>	<b>58</b>	<b>9%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$7,885,125</b>	<b>\$9,212,976</b>	<b>\$1,327,851</b>	<b>17%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,917,422</b>	<b>\$4,079,544</b>	<b>\$162,122</b>	<b>4%</b>

**DAY KIMBALL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$546,020	\$0	(\$546,020)	-100%
2	Inpatient Payments	\$255,387	\$0	(\$255,387)	-100%
3	Outpatient Charges	\$1,332,762	\$0	(\$1,332,762)	-100%
4	Outpatient Payments	\$259,925	\$0	(\$259,925)	-100%
5	Discharges	75	0	(75)	-100%
6	Patient Days	242	0	(242)	-100%
7	Outpatient Visits (Excludes ED Visits)	4,093	0	(4,093)	-100%
8	Emergency Department Outpatient Visits	950	0	(950)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,878,782</b>	<b>\$0</b>	<b>(\$1,878,782)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$515,312</b>	<b>\$0</b>	<b>(\$515,312)</b>	<b>-100%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$2,054,002	\$2,281,514	\$227,512	11%
2	Inpatient Payments	\$1,009,604	\$1,112,076	\$102,472	10%
3	Outpatient Charges	\$5,341,369	\$7,910,080	\$2,568,711	48%
4	Outpatient Payments	\$2,592,618	\$3,664,227	\$1,071,609	41%
5	Discharges	329	357	28	9%
6	Patient Days	734	781	47	6%
7	Outpatient Visits (Excludes ED Visits)	15,262	21,958	6,696	44%
8	Emergency Department Outpatient Visits	3,026	4,569	1,543	51%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$7,395,371</b>	<b>\$10,191,594</b>	<b>\$2,796,223</b>	<b>38%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,602,222</b>	<b>\$4,776,303</b>	<b>\$1,174,081</b>	<b>33%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**DAY KIMBALL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$197,456	\$583,566	\$386,110	196%
2	Inpatient Payments	\$117,576	\$279,407	\$161,831	138%
3	Outpatient Charges	\$486,509	\$893,732	\$407,223	84%
4	Outpatient Payments	\$231,504	\$247,936	\$16,432	7%
5	Discharges	36	91	55	153%
6	Patient Days	83	199	116	140%
7	Outpatient Visits (Excludes ED Visits)	1,441	109	(1,332)	-92%
8	Emergency Department Outpatient Visits	341	7	(334)	-98%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$683,965</b>	<b>\$1,477,298</b>	<b>\$793,333</b>	<b>116%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$349,080</b>	<b>\$527,343</b>	<b>\$178,263</b>	<b>51%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%

**DAY KIMBALL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$0	\$65,312	\$65,312	0%
2	Inpatient Payments	\$0	\$38,255	\$38,255	0%
3	Outpatient Charges	\$0	\$271,146	\$271,146	0%
4	Outpatient Payments	\$0	\$132,871	\$132,871	0%
5	Discharges	0	10	10	0%
6	Patient Days	0	22	22	0%
7	Outpatient Visits (Excludes ED Visits)	0	3,314	3,314	0%
8	Emergency Department Outpatient Visits	0	667	667	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$336,458</b>	<b>\$336,458</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$171,126</b>	<b>\$171,126</b>	<b>0%</b>
<b>H.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$536,438	\$890,242	\$353,804	66%
2	Inpatient Payments	\$225,181	\$399,184	\$174,003	77%
3	Outpatient Charges	\$1,692,815	\$2,242,764	\$549,949	32%
4	Outpatient Payments	\$780,061	\$826,601	\$46,540	6%
5	Discharges	91	139	48	53%
6	Patient Days	192	305	113	59%
7	Outpatient Visits (Excludes ED Visits)	3,924	3,236	(688)	-18%
8	Emergency Department Outpatient Visits	1,047	2,031	984	94%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,229,253</b>	<b>\$3,133,006</b>	<b>\$903,753</b>	<b>41%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,005,242</b>	<b>\$1,225,785</b>	<b>\$220,543</b>	<b>22%</b>
<b>II.</b>	<b>TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$3,333,916</b>	<b>\$3,820,634</b>	<b>\$486,718</b>	<b>15%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$1,607,748</b>	<b>\$1,828,922</b>	<b>\$221,174</b>	<b>14%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$8,853,455</b>	<b>\$11,317,722</b>	<b>\$2,464,267</b>	<b>28%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$3,864,108</b>	<b>\$4,871,635</b>	<b>\$1,007,527</b>	<b>26%</b>
	<b>TOTAL DISCHARGES</b>	<b>531</b>	<b>597</b>	<b>66</b>	<b>12%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>1,251</b>	<b>1,307</b>	<b>56</b>	<b>4%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>24,720</b>	<b>28,617</b>	<b>3,897</b>	<b>16%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>5,364</b>	<b>7,274</b>	<b>1,910</b>	<b>36%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$12,187,371</b>	<b>\$15,138,356</b>	<b>\$2,950,985</b>	<b>24%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$5,471,856</b>	<b>\$6,700,557</b>	<b>\$1,228,701</b>	<b>22%</b>

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$9,970,754	\$8,007,201	(\$1,963,553)	-20%
2	Short Term Investments	\$13,407,390	\$8,299,896	(\$5,107,494)	-38%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$11,426,082	\$10,794,688	(\$631,394)	-6%
4	Current Assets Whose Use is Limited for Current Liabilities	\$605,899	\$233,000	(\$372,899)	-62%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,482,202	\$2,103,446	\$621,244	42%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$0	\$0	\$0	0%
	<b>Total Current Assets</b>	<b>\$36,892,327</b>	<b>\$29,438,231</b>	<b>(\$7,454,096)</b>	<b>-20%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$3,734,376	\$3,905,024	\$170,648	5%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$1,292,324	\$1,292,303	(\$21)	0%
4	Other Noncurrent Assets Whose Use is Limited	\$4,065,787	\$3,522,055	(\$543,732)	-13%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$9,092,487</b>	<b>\$8,719,382</b>	<b>(\$373,105)</b>	<b>-4%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$5,919,401	\$6,811,104	\$891,703	15%
7	Other Noncurrent Assets	\$773,880	\$696,283	(\$77,597)	-10%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$79,907,568	\$84,626,851	\$4,719,283	6%
2	Less: Accumulated Depreciation	\$55,609,757	\$60,002,565	\$4,392,808	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$24,297,811</b>	<b>\$24,624,286</b>	<b>\$326,475</b>	<b>1%</b>
3	Construction in Progress	\$1,220,368	\$7,373,183	\$6,152,815	504%
	<b>Total Net Fixed Assets</b>	<b>\$25,518,179</b>	<b>\$31,997,469</b>	<b>\$6,479,290</b>	<b>25%</b>
	<b>Total Assets</b>	<b>\$78,196,274</b>	<b>\$77,662,469</b>	<b>(\$533,805)</b>	<b>-1%</b>

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$3,735,626	\$3,335,293	(\$400,333)	-11%
2	Salaries, Wages and Payroll Taxes	\$1,617,235	\$1,016,316	(\$600,919)	-37%
3	Due To Third Party Payers	\$3,205,718	\$1,308,122	(\$1,897,596)	-59%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$530,000	\$560,000	\$30,000	6%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$7,150,220	\$8,661,686	\$1,511,466	21%
	<b>Total Current Liabilities</b>	<b>\$16,238,799</b>	<b>\$14,881,417</b>	<b>(\$1,357,382)</b>	<b>-8%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$13,620,000	\$14,691,107	\$1,071,107	8%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$13,620,000</b>	<b>\$14,691,107</b>	<b>\$1,071,107</b>	<b>8%</b>
3	Accrued Pension Liability	\$25,602,222	\$28,880,608	\$3,278,386	13%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	<b>Total Long Term Liabilities</b>	<b>\$39,222,222</b>	<b>\$43,571,715</b>	<b>\$4,349,493</b>	<b>11%</b>
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$15,388,702	\$12,241,312	(\$3,147,390)	-20%
2	Temporarily Restricted Net Assets	\$3,711,784	\$3,250,700	(\$461,084)	-12%
3	Permanently Restricted Net Assets	\$3,634,767	\$3,717,325	\$82,558	2%
	<b>Total Net Assets</b>	<b>\$22,735,253</b>	<b>\$19,209,337</b>	<b>(\$3,525,916)</b>	<b>-16%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$78,196,274</b>	<b>\$77,662,469</b>	<b>(\$533,805)</b>	<b>-1%</b>

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$170,008,661	\$177,697,551	\$7,688,890	5%
2	Less: Allowances	\$69,238,321	\$69,271,905	\$33,584	0%
3	Less: Charity Care	\$1,210,237	\$1,391,261	\$181,024	15%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$99,560,103</b>	<b>\$107,034,385</b>	<b>\$7,474,282</b>	<b>8%</b>
5	Other Operating Revenue	\$2,811,782	\$3,179,532	\$367,750	13%
6	Net Assets Released from Restrictions	\$200,965	\$313,275	\$112,310	56%
	<b>Total Operating Revenue</b>	<b>\$102,572,850</b>	<b>\$110,527,192</b>	<b>\$7,954,342</b>	<b>8%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$46,496,983	\$51,824,463	\$5,327,480	11%
2	Fringe Benefits	\$12,348,261	\$14,651,110	\$2,302,849	19%
3	Physicians Fees	\$2,143,583	\$2,019,693	(\$123,890)	-6%
4	Supplies and Drugs	\$13,943,134	\$13,784,884	(\$158,250)	-1%
5	Depreciation and Amortization	\$4,505,222	\$4,545,134	\$39,912	1%
6	Bad Debts	\$3,599,872	\$3,380,034	(\$219,838)	-6%
7	Interest	\$712,804	\$759,641	\$46,837	7%
8	Malpractice	\$1,367,065	\$1,550,078	\$183,013	13%
9	Other Operating Expenses	\$16,163,353	\$16,880,610	\$717,257	4%
	<b>Total Operating Expenses</b>	<b>\$101,280,277</b>	<b>\$109,395,647</b>	<b>\$8,115,370</b>	<b>8%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$1,292,573</b>	<b>\$1,131,545</b>	<b>(\$161,028)</b>	<b>-12%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$687,680)	\$607,272	\$1,294,952	-188%
	<b>Total Non-Operating Revenue</b>	<b>(\$687,680)</b>	<b>\$607,272</b>	<b>\$1,294,952</b>	<b>-188%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$604,893</b>	<b>\$1,738,817</b>	<b>\$1,133,924</b>	<b>187%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$604,893</b>	<b>\$1,738,817</b>	<b>\$1,133,924</b>	<b>187%</b>

<b>DAY KIMBALL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>A. <u>Parent Corporation Statement of Operations Summary</u></b>				
1	Net Patient Revenue	\$90,296,406	\$99,560,103	\$107,034,385
2	Other Operating Revenue	3,080,701	3,012,747	3,492,807
3	Total Operating Revenue	\$93,377,107	\$102,572,850	\$110,527,192
4	Total Operating Expenses	97,313,611	101,280,277	109,395,647
5	Income/(Loss) From Operations	(\$3,936,504)	\$1,292,573	\$1,131,545
6	Total Non-Operating Revenue	1,001,651	(687,680)	607,272
7	Excess/(Deficiency) of Revenue Over Expenses	(\$2,934,853)	\$604,893	\$1,738,817
<b>B. <u>Parent Corporation Profitability Summary</u></b>				
1	Parent Corporation Operating Margin	-4.17%	1.27%	1.02%
2	Parent Corporation Non-Operating Margin	1.06%	-0.67%	0.55%
3	Parent Corporation Total Margin	-3.11%	0.59%	1.56%
4	Income/(Loss) From Operations	(\$3,936,504)	\$1,292,573	\$1,131,545
5	Total Operating Revenue	\$93,377,107	\$102,572,850	\$110,527,192
6	Total Non-Operating Revenue	\$1,001,651	(\$687,680)	\$607,272
7	Total Revenue	\$94,378,758	\$101,885,170	\$111,134,464
8	Excess/(Deficiency) of Revenue Over Expenses	(\$2,934,853)	\$604,893	\$1,738,817
<b>C. <u>Parent Corporation Net Assets Summary</u></b>				
1	Parent Corporation Unrestricted Net Assets	\$39,118,172	\$15,388,702	\$12,241,312
2	Parent Corporation Total Net Assets	\$46,156,425	\$22,735,253	\$19,209,337
3	Parent Corporation Change in Total Net Assets	(\$743,314)	(\$23,421,172)	(\$3,525,916)
4	Parent Corporation Change in Total Net Assets %	98.4%	-50.7%	-15.5%

<b>DAY KIMBALL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>D. Liquidity Measures Summary</b>				
<b>1</b>	<b>Current Ratio</b>	<b>2.66</b>	<b>2.27</b>	<b>1.98</b>
2	Total Current Assets	\$36,468,756	\$36,892,327	\$29,438,231
3	Total Current Liabilities	\$13,723,575	\$16,238,799	\$14,881,417
<b>4</b>	<b>Days Cash on Hand</b>	<b>97</b>	<b>88</b>	<b>57</b>
5	Cash and Cash Equivalents	\$11,387,528	\$9,970,754	\$8,007,201
6	Short Term Investments	13,335,058	13,407,390	8,299,896
7	Total Cash and Short Term Investments	\$24,722,586	\$23,378,144	\$16,307,097
8	Total Operating Expenses	\$97,313,611	\$101,280,277	\$109,395,647
9	Depreciation Expense	\$4,401,516	\$4,505,222	\$4,545,134
10	Operating Expenses less Depreciation Expense	\$92,912,095	\$96,775,055	\$104,850,513
<b>11</b>	<b>Days Revenue in Patient Accounts Receivable</b>	<b>34</b>	<b>30</b>	<b>32</b>
12	Net Patient Accounts Receivable	\$ 10,376,305	\$ 11,426,082	\$ 10,794,688
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$1,916,517	\$3,205,718	\$1,308,122
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 8,459,788	\$ 8,220,364	\$ 9,486,566
16	Total Net Patient Revenue	\$90,296,406	\$99,560,103	\$107,034,385
<b>17</b>	<b>Average Payment Period</b>	<b>54</b>	<b>61</b>	<b>52</b>
18	Total Current Liabilities	\$13,723,575	\$16,238,799	\$14,881,417
19	Total Operating Expenses	\$97,313,611	\$101,280,277	\$109,395,647
20	Depreciation Expense	\$4,401,516	\$4,505,222	\$4,545,134
21	Total Operating Expenses less Depreciation Expense	\$92,912,095	\$96,775,055	\$104,850,513

<b>DAY KIMBALL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>60.6</b>	<b>29.1</b>	<b>24.7</b>
2	Total Net Assets	\$46,156,425	\$22,735,253	\$19,209,337
3	Total Assets	\$76,109,231	\$78,196,274	\$77,662,469
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>5.3</b>	<b>17.1</b>	<b>21.2</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$2,934,853)	\$604,893	\$1,738,817
6	Depreciation Expense	\$4,401,516	\$4,505,222	\$4,545,134
7	Excess of Revenues Over Expenses and Depreciation Expense	\$1,466,663	\$5,110,115	\$6,283,951
8	Total Current Liabilities	\$13,723,575	\$16,238,799	\$14,881,417
9	Total Long Term Debt	\$14,150,000	\$13,620,000	\$14,691,107
10	Total Current Liabilities and Total Long Term Debt	\$27,873,575	\$29,858,799	\$29,572,524
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>23.5</b>	<b>37.5</b>	<b>43.3</b>
12	Total Long Term Debt	\$14,150,000	\$13,620,000	\$14,691,107
13	Total Net Assets	\$46,156,425	\$22,735,253	\$19,209,337
14	Total Long Term Debt and Total Net Assets	\$60,306,425	\$36,355,253	\$33,900,444

DAY KIMBALL HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2010						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	11,224	44	72	69.9%	42.7%
2	ICU/CCU (Excludes Neonatal ICU)	637	6	9	29.1%	19.4%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	4,535	14	15	88.7%	82.8%
	<b>TOTAL PSYCHIATRIC</b>	<b>4,535</b>	<b>14</b>	<b>15</b>	<b>88.7%</b>	<b>82.8%</b>
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	1,239	4	8	84.9%	42.4%
7	Newborn	1,200	4	18	82.2%	18.3%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	41	0	0	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>17,676</b>	<b>68</b>	<b>104</b>	<b>71.2%</b>	<b>46.6%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>18,876</b>	<b>72</b>	<b>122</b>	<b>71.8%</b>	<b>42.4%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>18,876</b>	<b>72</b>	<b>122</b>	<b>71.8%</b>	<b>42.4%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>20,204</b>	<b>72</b>	<b>122</b>	<b>76.9%</b>	<b>45.4%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-1,328</b>	<b>0</b>	<b>0</b>	<b>-5.1%</b>	<b>-3.0%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>-7%</b>	<b>0%</b>	<b>0%</b>	<b>-7%</b>	<b>-7%</b>
	Total Licensed Beds and Bassinets	122				
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>						

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	2,114	2,073	-41	-2%
2	Outpatient Scans (Excluding Emergency Department Scans)	8,795	9,186	391	4%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>10,909</b>	<b>11,259</b>	<b>350</b>	<b>3%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	424	499	75	18%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,034	4,212	178	4%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>4,458</b>	<b>4,711</b>	<b>253</b>	<b>6%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	1	1	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	178	195	17	10%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>178</b>	<b>196</b>	<b>18</b>	<b>10%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Linear Accelerator Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Cardiac Catheterization Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	<b>Total Electrophysiology Studies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	853	788	-65	-8%
2	Outpatient Surgical Procedures	3,004	2,996	-8	0%
	<b>Total Surgical Procedures</b>	<b>3,857</b>	<b>3,784</b>	<b>-73</b>	<b>-2%</b>

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. Endoscopy Procedures</b>					
1	Inpatient Endoscopy Procedures	0	0	0	0%
2	Outpatient Endoscopy Procedures	2,539	2,630	91	4%
	<b>Total Endoscopy Procedures</b>	<b>2,539</b>	<b>2,630</b>	<b>91</b>	<b>4%</b>
<b>K. Hospital Emergency Room Visits</b>					
1	Emergency Room Visits: Treated and Admitted	3,673	3,604	-69	-2%
2	Emergency Room Visits: Treated and Discharged	30,101	28,650	-1,451	-5%
	<b>Total Emergency Room Visits</b>	<b>33,774</b>	<b>32,254</b>	<b>-1,520</b>	<b>-5%</b>
<b>L. Hospital Clinic Visits</b>					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	6,311	7,573	1,262	20%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	54,787	56,597	1,810	3%
	<b>Total Hospital Clinic Visits</b>	<b>61,098</b>	<b>64,170</b>	<b>3,072</b>	<b>5%</b>
<b>M. Other Hospital Outpatient Visits</b>					
1	Rehabilitation (PT/OT/ST)	29,029	28,574	-455	-2%
2	Cardiology	3,786	3,587	-199	-5%
3	Chemotherapy	962	853	-109	-11%
4	Gastroenterology	2,539	2,630	91	4%
5	Other Outpatient Visits	170,153	173,040	2,887	2%
	<b>Total Other Hospital Outpatient Visits</b>	<b>206,469</b>	<b>208,684</b>	<b>2,215</b>	<b>1%</b>
<b>N. Hospital Full Time Equivalent Employees</b>					
1	Total Nursing FTEs	234.9	248.0	13.1	6%
2	Total Physician FTEs	16.3	15.4	-0.9	-6%
3	Total Non-Nursing and Non-Physician FTEs	486.7	511.4	24.7	5%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>737.9</b>	<b>774.8</b>	<b>36.9</b>	<b>5%</b>

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	Day Kimball Hospital	3,004	2,996	-8	0%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>3,004</b>	<b>2,996</b>	<b>-8</b>	<b>0%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Day Kimball Hospital	2,539	2,630	91	4%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>2,539</b>	<b>2,630</b>	<b>91</b>	<b>4%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Day Kimball Hospital	30,101	28,650	-1,451	-5%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>30,101</b>	<b>28,650</b>	<b>-1,451</b>	<b>-5%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$31,425,234	\$28,346,683	(\$3,078,551)	-10%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$18,096,677	\$18,684,382	\$587,705	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	57.59%	65.91%	8.33%	14%
4	DISCHARGES	2,571	2,334	(237)	-9%
5	CASE MIX INDEX (CMI)	1.10930	1.02350	(0.08580)	-8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,852.01030	2,388.84900	(463.16130)	-16%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,345.24	\$7,821.50	\$1,476.26	23%
8	PATIENT DAYS	10,832	9,522	(1,310)	-12%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,670.67	\$1,962.23	\$291.56	17%
10	AVERAGE LENGTH OF STAY	4.2	4.1	(0.1)	-3%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$34,602,568	\$36,390,387	\$1,787,819	5%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$15,954,823	\$17,477,474	\$1,522,651	10%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	46.11%	48.03%	1.92%	4%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	110.11%	128.38%	18.27%	17%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,830.94797	2,996.29989	165.35193	6%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,635.86	\$5,833.02	\$197.16	3%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$66,027,802	\$64,737,070	(\$1,290,732)	-2%
18	TOTAL ACCRUED PAYMENTS	\$34,051,500	\$36,161,856	\$2,110,356	6%
19	TOTAL ALLOWANCES	\$31,976,302	\$28,575,214	(\$3,401,088)	-11%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$16,754,947	\$15,157,306	(\$1,597,641)	-10%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$9,152,280	\$8,782,544	(\$369,736)	-4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	54.62%	57.94%	3.32%	6%
4	DISCHARGES	2,019	1,726	(293)	-15%
5	CASE MIX INDEX (CMI)	0.82840	0.82930	0.00090	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,672,53960	1,431,37180	(241,16780)	-14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,472.09	\$6,135.75	\$663.67	12%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$873.15	\$1,685.75	\$812.60	93%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,460,378	\$2,412,930	\$952,553	65%
10	PATIENT DAYS	5,991	5,637	(354)	-6%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,527.67	\$1,558.02	\$30.35	2%
12	AVERAGE LENGTH OF STAY	3.0	3.3	0.3	10%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$55,129,669	\$57,225,261	\$2,095,592	4%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$37,603,044	\$38,664,834	\$1,061,790	3%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	68.21%	67.57%	-0.64%	-1%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	329.04%	377.54%	48.51%	15%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,643,22016	6,516,38230	(126,83786)	-2%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,660.36	\$5,933.48	\$273.12	5%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$24.51)	(\$100.46)	(\$75.96)	310%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$162,793)	(\$654,653)	(\$491,859)	302%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$71,884,616	\$72,382,567	\$497,951	1%
22	TOTAL ACCRUED PAYMENTS	\$46,755,324	\$47,447,378	\$692,054	1%
23	TOTAL ALLOWANCES	\$25,129,292	\$24,935,189	(\$194,103)	-1%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,297,584	\$1,758,278	\$460,693	36%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$71,884,616	\$72,119,402	\$234,786	0%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$46,755,324	\$47,838,937	\$1,083,613	2%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,129,292	\$24,280,465	(\$848,827)	-3%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	34.96%	33.67%	-1.29%	
<b>C. UNINSURED</b>					

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>UNINSURED INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$1,028,632	\$1,207,338	\$178,706	17%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$52,535	\$50,266	(\$2,269)	-4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	5.11%	4.16%	-0.94%	-18%
4	DISCHARGES	72	81	9	13%
5	CASE MIX INDEX (CMI)	0.90950	0.85670	(0.05280)	-6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	65.48400	69.39270	3.90870	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$802.26	\$724.37	(\$77.89)	-10%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$4,669.83	\$5,411.38	\$741.55	16%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$5,542.98	\$7,097.13	\$1,554.15	28%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$362,976	\$492,489	\$129,513	36%
11	PATIENT DAYS	204	348	144	71%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$257.52	\$144.44	(\$113.08)	-44%
13	AVERAGE LENGTH OF STAY	2.8	4.3	1.5	52%
<b>UNINSURED OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,467,936	\$2,592,162	\$124,226	5%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$159,075	\$125,390	(\$33,685)	-21%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	6.45%	4.84%	-1.61%	-25%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	239.92%	214.70%	-25.22%	-11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	172.74535	173.90749	1.16214	1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$920.86	\$721.02	(\$199.85)	-22%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$4,739.50	\$5,212.47	\$472.97	10%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,714.99	\$5,112.00	\$397.01	8%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$814,493	\$889,016	\$74,522	9%
<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$3,496,568	\$3,799,500	\$302,932	9%
24	TOTAL ACCRUED PAYMENTS	\$211,610	\$175,656	(\$35,954)	-17%
25	TOTAL ALLOWANCES	\$3,284,958	\$3,623,844	\$338,886	10%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,177,470	\$1,381,505	\$204,035	17%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$8,010,139	\$9,213,745	\$1,203,606	15%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,009,071	\$4,241,450	\$232,379	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	50.05%	46.03%	-4.02%	-8%
4	DISCHARGES	871	1,050	179	21%
5	CASE MIX INDEX (CMI)	0.62160	0.82310	0.20150	32%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	541.41360	864.25500	322.84140	60%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,404.82	\$4,907.64	(\$2,497.18)	-34%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	(\$1,932.74)	\$1,228.12	\$3,160.85	-164%
9	MEDICARE - MEDICAID IP PMT / CMAD	(\$1,059.59)	\$2,913.86	\$3,973.45	-375%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$573,674)	\$2,518,320	\$3,091,995	-539%
11	PATIENT DAYS	2,936	3,447	511	17%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,365.49	\$1,230.48	(\$135.01)	-10%
13	AVERAGE LENGTH OF STAY	3.4	3.3	(0.1)	-3%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$13,999,061	\$18,204,386	\$4,205,325	30%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,806,009	\$7,156,747	\$1,350,738	23%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	41.47%	39.31%	-2.16%	-5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	174.77%	197.58%	22.81%	13%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,522.21854	2,074.57503	552.35648	36%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,814.18	\$3,449.74	(\$364.43)	-10%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$1,846.19	\$2,483.74	\$637.55	35%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,821.68	\$2,383.28	\$561.59	31%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,773,000	\$4,944,288	\$2,171,289	78%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$22,009,200	\$27,418,131	\$5,408,931	25%
24	TOTAL ACCRUED PAYMENTS	\$9,815,080	\$11,398,197	\$1,583,117	16%
25	TOTAL ALLOWANCES	\$12,194,120	\$16,019,934	\$3,825,814	31%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,199,326	\$7,462,609	\$5,263,283	239%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>E. OTHER MEDICAL ASSISTANCE (O.M.A.)</b>					
<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$1,797,947	\$1,096,386	(\$701,561)	-39%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$372,324	\$246,767	(\$125,557)	-34%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.71%	22.51%	1.80%	9%
4	DISCHARGES	99	46	(53)	-54%
5	CASE MIX INDEX (CMI)	0.62160	0.82310	0.20150	32%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	61.53840	37.86260	(23.67580)	-38%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,050.27	\$6,517.43	\$467.16	8%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	(\$578.19)	(\$381.68)	\$196.50	-34%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$294.96	\$1,304.07	\$1,009.10	342%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$18,152	\$49,375	\$31,224	172%
11	PATIENT DAYS	404	165	(239)	-59%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$921.59	\$1,495.56	\$573.96	62%
13	AVERAGE LENGTH OF STAY	4.1	3.6	(0.5)	-12%
<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,005,386	\$1,824,513	(\$1,180,873)	-39%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$585,115	\$318,194	(\$266,921)	-46%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.47%	17.44%	-2.03%	-10%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	167.16%	166.41%	-0.74%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	165.48497	76.54932	(88.93566)	-54%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,535.76	\$4,156.72	\$620.96	18%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$2,124.60	\$1,776.76	(\$347.84)	-16%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$2,100.10	\$1,676.30	(\$423.80)	-20%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$347,535	\$128,320	(\$219,215)	-63%
<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$4,803,333	\$2,920,899	(\$1,882,434)	-39%
24	TOTAL ACCRUED PAYMENTS	\$957,439	\$564,961	(\$392,478)	-41%
25	TOTAL ALLOWANCES	\$3,845,894	\$2,355,938	(\$1,489,956)	-39%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$365,687	\$177,695	(\$187,992)	-51%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$9,808,086	\$10,310,131	\$502,045	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,381,395	\$4,488,217	\$106,822	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	44.67%	43.53%	-1.14%	-3%
4	DISCHARGES	970	1,096	126	13%
5	CASE MIX INDEX (CMI)	0.62160	0.82310	0.20150	32%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	602.95200	902.11760	299.16560	50%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,266.57	\$4,975.20	(\$2,291.37)	-32%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	(\$1,794.49)	\$1,160.55	\$2,955.04	-165%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	(\$921.34)	\$2,846.30	\$3,767.64	-409%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$555,523)	\$2,567,696	\$3,123,218	-562%
11	PATIENT DAYS	3,340	3,612	272	8%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,311.79	\$1,242.58	(\$69.21)	-5%
13	AVERAGE LENGTH OF STAY	3.4	3.3	(0.1)	-4%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$17,004,447	\$20,028,899	\$3,024,452	18%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$6,391,124	\$7,474,941	\$1,083,817	17%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.59%	37.32%	-0.26%	-1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	173.37%	194.26%	20.89%	12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,687.70352	2,151.12434	463.42083	27%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,786.88	\$3,474.90	(\$311.98)	-8%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,873.49	\$2,458.58	\$585.09	31%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,848.98	\$2,358.12	\$509.14	28%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,120,535	\$5,072,608	\$1,952,073	63%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$26,812,533	\$30,339,030	\$3,526,497	13%
24	TOTAL ACCRUED PAYMENTS	\$10,772,519	\$11,963,158	\$1,190,639	11%
25	TOTAL ALLOWANCES	\$16,040,014	\$18,375,872	\$2,335,858	15%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$120,481	\$306,112	\$185,631	154%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$52,101	\$179,806	\$127,705	245%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	43.24%	58.74%	15.49%	36%
4	DISCHARGES	13	46	33	254%
5	CASE MIX INDEX (CMI)	0.96910	0.66580	(0.30330)	-31%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	12.59830	30.62680	18.02850	143%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,135.56	\$5,870.87	\$1,735.31	42%
8	PATIENT DAYS	41	105	64	156%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,270.76	\$1,712.44	\$441.68	35%
10	AVERAGE LENGTH OF STAY	3.2	2.3	(0.9)	-28%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$715,569	\$1,082,313	\$366,744	51%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$362,147	\$542,788	\$180,641	50%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$836,050	\$1,388,425	\$552,375	66%
14	TOTAL ACCRUED PAYMENTS	\$414,248	\$722,594	\$308,346	74%
15	TOTAL ALLOWANCES	\$421,802	\$665,831	\$244,029	58%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$2,788,759	\$2,972,027	\$183,268	7%
2	TOTAL OPERATING EXPENSES	\$96,763,604	\$100,411,939	\$3,648,335	4%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$597,835	\$529,980	(\$67,855)	-11%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$1,210,237	\$1,391,261	\$181,024	15%
5	BAD DEBTS (CHARGES)	\$3,445,323	\$3,312,220	(\$133,103)	-4%
6	UNCOMPENSATED CARE (CHARGES)	\$4,655,560	\$4,703,481	\$47,921	1%
7	COST OF UNCOMPENSATED CARE	\$2,471,847	\$2,583,752	\$111,905	5%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$26,812,533	\$30,339,030	\$3,526,497	13%
9	TOTAL ACCRUED PAYMENTS	\$10,772,519	\$11,963,158	\$1,190,639	11%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$14,235,987	\$16,666,068	\$2,430,082	17%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,463,468	\$4,702,910	\$1,239,443	36%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$58,108,748	\$54,120,232	(\$3,988,516)	-7%
2	TOTAL INPATIENT PAYMENTS	\$31,682,453	\$32,134,949	\$452,496	1%
3	TOTAL INPATIENT PAYMENTS / CHARGES	54.52%	59.38%	4.85%	9%
4	TOTAL DISCHARGES	5,573	5,202	(371)	-7%
5	TOTAL CASE MIX INDEX	0.92232	0.91368	(0.00864)	-1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	5,140.10020	4,752.96520	(387.13500)	-8%
7	TOTAL OUTPATIENT CHARGES	\$107,452,253	\$114,726,860	\$7,274,607	7%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	184.92%	211.99%	27.07%	15%
9	TOTAL OUTPATIENT PAYMENTS	\$60,311,138	\$64,160,037	\$3,848,899	6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	56.13%	55.92%	-0.20%	0%
11	TOTAL CHARGES	\$165,561,001	\$168,847,092	\$3,286,091	2%
12	TOTAL PAYMENTS	\$91,993,591	\$96,294,986	\$4,301,395	5%
13	TOTAL PAYMENTS / TOTAL CHARGES	55.56%	57.03%	1.47%	3%
14	PATIENT DAYS	20,204	18,876	(1,328)	-7%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$41,353,801	\$38,962,926	(\$2,390,875)	-6%
2	INPATIENT PAYMENTS	\$22,530,173	\$23,352,405	\$822,232	4%
3	GOVT. INPATIENT PAYMENTS / CHARGES	54.48%	59.93%	5.45%	10%
4	DISCHARGES	3,554	3,476	(78)	-2%
5	CASE MIX INDEX	0.97568	0.95558	(0.02010)	-2%
6	CASE MIX ADJUSTED DISCHARGES	3,467.56060	3,321.59340	(145.96720)	-4%
7	OUTPATIENT CHARGES	\$52,322,584	\$57,501,599	\$5,179,015	10%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	126.52%	147.58%	21.06%	17%
9	OUTPATIENT PAYMENTS	\$22,708,094	\$25,495,203	\$2,787,109	12%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	43.40%	44.34%	0.94%	2%
11	TOTAL CHARGES	\$93,676,385	\$96,464,525	\$2,788,140	3%
12	TOTAL PAYMENTS	\$45,238,267	\$48,847,608	\$3,609,341	8%
13	TOTAL PAYMENTS / CHARGES	48.29%	50.64%	2.35%	5%
14	PATIENT DAYS	14,213	13,239	(974)	-7%
15	TOTAL GOVERNMENT DEDUCTIONS	\$48,438,118	\$47,616,917	(\$821,201)	-2%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	4.2	4.1	(0.1)	-3%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.0	3.3	0.3	10%
3	UNINSURED	2.8	4.3	1.5	52%
4	MEDICAID	3.4	3.3	(0.1)	-3%
5	OTHER MEDICAL ASSISTANCE	4.1	3.6	(0.5)	-12%
6	CHAMPUS / TRICARE	3.2	2.3	(0.9)	-28%
7	TOTAL AVERAGE LENGTH OF STAY	3.6	3.6	0.0	0%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$165,561,001	\$168,847,092	\$3,286,091	2%
2	TOTAL GOVERNMENT DEDUCTIONS	\$48,438,118	\$47,616,917	(\$821,201)	-2%
3	UNCOMPENSATED CARE	\$4,655,560	\$4,703,481	\$47,921	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,129,292	\$24,280,465	(\$848,827)	-3%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$32,042	\$23,831	(\$8,211)	-26%
6	TOTAL ADJUSTMENTS	\$78,255,012	\$76,624,694	(\$1,630,318)	-2%
7	TOTAL ACCRUED PAYMENTS	\$87,305,989	\$92,222,398	\$4,916,409	6%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$597,835	\$529,980	(\$67,855)	-11%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$87,903,824	\$92,752,378	\$4,848,554	6%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.5309452315	0.5493276603	0.0183824288	3%
11	COST OF UNCOMPENSATED CARE	\$2,471,847	\$2,583,752	\$111,905	5%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,463,468	\$4,702,910	\$1,239,443	36%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$5,935,315	\$7,286,663	\$1,351,348	23%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$2,773,000	\$4,944,288	\$2,171,289	78%
2	OTHER MEDICAL ASSISTANCE	\$365,687	\$177,695	(\$187,992)	-51%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,177,470	\$1,381,505	\$204,035	17%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$4,316,156	\$6,503,488	\$2,187,332	51%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$73,431	\$3,510,423	\$3,436,992	4680.57%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$3,403,934	\$3,826,990	\$423,056	12.43%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$95,995,284	\$100,651,954	\$4,656,670	4.85%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$165,561,002	\$168,847,093	\$3,286,091	1.98%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$93,029	\$64,679	(\$28,350)	-30.47%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$4,748,589	\$4,768,160	\$19,571	0.41%

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(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$16,754,947	\$15,157,306	(\$1,597,641)
2	MEDICARE	\$31,425,234	28,346,683	(\$3,078,551)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,808,086	10,310,131	\$502,045
4	MEDICAID	\$8,010,139	9,213,745	\$1,203,606
5	OTHER MEDICAL ASSISTANCE	\$1,797,947	1,096,386	(\$701,561)
6	CHAMPUS / TRICARE	\$120,481	306,112	\$185,631
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,028,632	1,207,338	\$178,706
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$41,353,801</b>	<b>\$38,962,926</b>	<b>(\$2,390,875)</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$58,108,748</b>	<b>\$54,120,232</b>	<b>(\$3,988,516)</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$55,129,669	\$57,225,261	\$2,095,592
2	MEDICARE	\$34,602,568	36,390,387	\$1,787,819
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$17,004,447	20,028,899	\$3,024,452
4	MEDICAID	\$13,999,061	18,204,386	\$4,205,325
5	OTHER MEDICAL ASSISTANCE	\$3,005,386	1,824,513	(\$1,180,873)
6	CHAMPUS / TRICARE	\$715,569	1,082,313	\$366,744
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,467,936	2,592,162	\$124,226
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$52,322,584</b>	<b>\$57,501,599</b>	<b>\$5,179,015</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$107,452,253</b>	<b>\$114,726,860</b>	<b>\$7,274,607</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$71,884,616	\$72,382,567	\$497,951
2	TOTAL MEDICARE	\$66,027,802	\$64,737,070	(\$1,290,732)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$26,812,533	\$30,339,030	\$3,526,497
4	TOTAL MEDICAID	\$22,009,200	\$27,418,131	\$5,408,931
5	TOTAL OTHER MEDICAL ASSISTANCE	\$4,803,333	\$2,920,899	(\$1,882,434)
6	TOTAL CHAMPUS / TRICARE	\$836,050	\$1,388,425	\$552,375
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,496,568	\$3,799,500	\$302,932
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$93,676,385</b>	<b>\$96,464,525</b>	<b>\$2,788,140</b>
	<b>TOTAL CHARGES</b>	<b>\$165,561,001</b>	<b>\$168,847,092</b>	<b>\$3,286,091</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,152,280	\$8,782,544	(\$369,736)
2	MEDICARE	\$18,096,677	18,684,382	\$587,705
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,381,395	4,488,217	\$106,822
4	MEDICAID	\$4,009,071	4,241,450	\$232,379
5	OTHER MEDICAL ASSISTANCE	\$372,324	246,767	(\$125,557)
6	CHAMPUS / TRICARE	\$52,101	179,806	\$127,705
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$52,535	50,266	(\$2,269)
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$22,530,173</b>	<b>\$23,352,405</b>	<b>\$822,232</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$31,682,453</b>	<b>\$32,134,949</b>	<b>\$452,496</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$37,603,044	\$38,664,834	\$1,061,790
2	MEDICARE	\$15,954,823	17,477,474	\$1,522,651
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,391,124	7,474,941	\$1,083,817
4	MEDICAID	\$5,806,009	7,156,747	\$1,350,738
5	OTHER MEDICAL ASSISTANCE	\$585,115	318,194	(\$266,921)
6	CHAMPUS / TRICARE	\$362,147	542,788	\$180,641
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$159,075	125,390	(\$33,685)
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$22,708,094</b>	<b>\$25,495,203</b>	<b>\$2,787,109</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$60,311,138</b>	<b>\$64,160,037</b>	<b>\$3,848,899</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$46,755,324	\$47,447,378	\$692,054
2	TOTAL MEDICARE	\$34,051,500	\$36,161,856	\$2,110,356
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,772,519	\$11,963,158	\$1,190,639
4	TOTAL MEDICAID	\$9,815,080	\$11,398,197	\$1,583,117
5	TOTAL OTHER MEDICAL ASSISTANCE	\$957,439	\$564,961	(\$392,478)
6	TOTAL CHAMPUS / TRICARE	\$414,248	\$722,594	\$308,346
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$211,610	\$175,656	(\$35,954)
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$45,238,267</b>	<b>\$48,847,608</b>	<b>\$3,609,341</b>
	<b>TOTAL PAYMENTS</b>	<b>\$91,993,591</b>	<b>\$96,294,986</b>	<b>\$4,301,395</b>

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<b>FISCAL YEAR 2010</b>				
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<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10.12%	8.98%	-1.14%
2	MEDICARE	18.98%	16.79%	-2.19%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.92%	6.11%	0.18%
4	MEDICAID	4.84%	5.46%	0.62%
5	OTHER MEDICAL ASSISTANCE	1.09%	0.65%	-0.44%
6	CHAMPUS / TRICARE	0.07%	0.18%	0.11%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.62%	0.72%	0.09%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>24.98%</b>	<b>23.08%</b>	<b>-1.90%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>35.10%</b>	<b>32.05%</b>	<b>-3.05%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	33.30%	33.89%	0.59%
2	MEDICARE	20.90%	21.55%	0.65%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.27%	11.86%	1.59%
4	MEDICAID	8.46%	10.78%	2.33%
5	OTHER MEDICAL ASSISTANCE	1.82%	1.08%	-0.73%
6	CHAMPUS / TRICARE	0.43%	0.64%	0.21%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.49%	1.54%	0.04%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>31.60%</b>	<b>34.06%</b>	<b>2.45%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>64.90%</b>	<b>67.95%</b>	<b>3.05%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9.95%	9.12%	-0.83%
2	MEDICARE	19.67%	19.40%	-0.27%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.76%	4.66%	-0.10%
4	MEDICAID	4.36%	4.40%	0.05%
5	OTHER MEDICAL ASSISTANCE	0.40%	0.26%	-0.15%
6	CHAMPUS / TRICARE	0.06%	0.19%	0.13%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.06%	0.05%	0.00%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>24.49%</b>	<b>24.25%</b>	<b>-0.24%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>34.44%</b>	<b>33.37%</b>	<b>-1.07%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	40.88%	40.15%	-0.72%
2	MEDICARE	17.34%	18.15%	0.81%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.95%	7.76%	0.82%
4	MEDICAID	6.31%	7.43%	1.12%
5	OTHER MEDICAL ASSISTANCE	0.64%	0.33%	-0.31%
6	CHAMPUS / TRICARE	0.39%	0.56%	0.17%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.17%	0.13%	-0.04%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>24.68%</b>	<b>26.48%</b>	<b>1.79%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>65.56%</b>	<b>66.63%</b>	<b>1.07%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

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BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,019	1,726	(293)
2	MEDICARE	2,571	2,334	(237)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	970	1,096	126
4	MEDICAID	871	1,050	179
5	OTHER MEDICAL ASSISTANCE	99	46	(53)
6	CHAMPUS / TRICARE	13	46	33
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	72	81	9
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>3,554</b>	<b>3,476</b>	<b>(78)</b>
	<b>TOTAL DISCHARGES</b>	<b>5,573</b>	<b>5,202</b>	<b>(371)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,991	5,637	(354)
2	MEDICARE	10,832	9,522	(1,310)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,340	3,612	272
4	MEDICAID	2,936	3,447	511
5	OTHER MEDICAL ASSISTANCE	404	165	(239)
6	CHAMPUS / TRICARE	41	105	64
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	204	348	144
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>14,213</b>	<b>13,239</b>	<b>(974)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>20,204</b>	<b>18,876</b>	<b>(1,328)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.0	3.3	0.3
2	MEDICARE	4.2	4.1	(0.1)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.4	3.3	(0.1)
4	MEDICAID	3.4	3.3	(0.1)
5	OTHER MEDICAL ASSISTANCE	4.1	3.6	(0.5)
6	CHAMPUS / TRICARE	3.2	2.3	(0.9)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.8	4.3	1.5
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>4.0</b>	<b>3.8</b>	<b>(0.2)</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>3.6</b>	<b>3.6</b>	<b>0.0</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.82840	0.82930	0.00090
2	MEDICARE	1.10930	1.02350	(0.08580)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.62160	0.82310	0.20150
4	MEDICAID	0.62160	0.82310	0.20150
5	OTHER MEDICAL ASSISTANCE	0.62160	0.82310	0.20150
6	CHAMPUS / TRICARE	0.96910	0.66580	(0.30330)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.90950	0.85670	(0.05280)
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>0.97568</b>	<b>0.95558</b>	<b>(0.02010)</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>0.92232</b>	<b>0.91368</b>	<b>(0.00864)</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$71,884,616	\$72,119,402	\$234,786
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$46,755,324	\$47,838,937	\$1,083,613
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,129,292	\$24,280,465	(\$848,827)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	34.96%	33.67%	-1.29%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$73,431	\$3,510,423	\$3,436,992
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$32,042	\$23,831	(\$8,211)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$597,835	\$529,980	(\$67,855)
8	CHARITY CARE	\$1,210,237	\$1,391,261	\$181,024
9	BAD DEBTS	\$3,445,323	\$3,312,220	(\$133,103)
10	TOTAL UNCOMPENSATED CARE	\$4,655,560	\$4,703,481	\$47,921
11	TOTAL OTHER OPERATING REVENUE	\$71,884,616	\$72,119,402	\$234,786
12	TOTAL OPERATING EXPENSES	\$96,763,604	\$100,411,939	\$3,648,335

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<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,672.53960	1,431.37180	(241.16780)
2	MEDICARE	2,852.01030	2,388.84900	(463.16130)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	602.95200	902.11760	299.16560
4	MEDICAID	541.41360	864.25500	322.84140
5	OTHER MEDICAL ASSISTANCE	61.53840	37.86260	(23.67580)
6	CHAMPUS / TRICARE	12.59830	30.62680	18.02850
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	65.48400	69.39270	3.90870
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>3,467.56060</b>	<b>3,321.59340</b>	<b>(145.96720)</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>5,140.10020</b>	<b>4,752.96520</b>	<b>(387.13500)</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,643.22016	6,516.38230	-126.83786
2	MEDICARE	2,830.94797	2,996.29989	165.35193
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,687.70352	2,151.12434	463.42083
4	MEDICAID	1,522.21854	2,074.57503	552.35648
5	OTHER MEDICAL ASSISTANCE	165.48497	76.54932	-88.93566
6	CHAMPUS / TRICARE	77.21049	162.64112	85.43063
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	172.74535	173.90749	1.16214
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>4,595.86198</b>	<b>5,310.06536</b>	<b>714.20338</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>11,239.08214</b>	<b>11,826.44765</b>	<b>587.36552</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,472.09	\$6,135.75	\$663.67
2	MEDICARE	\$6,345.24	\$7,821.50	\$1,476.26
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,266.57	\$4,975.20	(\$2,291.37)
4	MEDICAID	\$7,404.82	\$4,907.64	(\$2,497.18)
5	OTHER MEDICAL ASSISTANCE	\$6,050.27	\$6,517.43	\$467.16
6	CHAMPUS / TRICARE	\$4,135.56	\$5,870.87	\$1,735.31
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$802.26	\$724.37	(\$77.89)
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$6,497.41</b>	<b>\$7,030.48</b>	<b>\$533.07</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$6,163.78</b>	<b>\$6,761.03</b>	<b>\$597.25</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,660.36	\$5,933.48	\$273.12
2	MEDICARE	\$5,635.86	\$5,833.02	\$197.16
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,786.88	\$3,474.90	(\$311.98)
4	MEDICAID	\$3,814.18	\$3,449.74	(\$364.43)
5	OTHER MEDICAL ASSISTANCE	\$3,535.76	\$4,156.72	\$620.96
6	CHAMPUS / TRICARE	\$4,690.39	\$3,337.34	(\$1,353.05)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$920.86	\$721.02	(\$199.85)
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$4,940.99</b>	<b>\$4,801.30</b>	<b>(\$139.69)</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$5,366.20</b>	<b>\$5,425.13</b>	<b>\$58.93</b>

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(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$2,773,000	\$4,944,288	\$2,171,289
2	OTHER MEDICAL ASSISTANCE	\$365,687	\$177,695	(\$187,992)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,177,470	\$1,381,505	\$204,035
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$4,316,156</b>	<b>\$6,503,488</b>	<b>\$2,187,332</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$165,561,001	\$168,847,092	\$3,286,091
2	TOTAL GOVERNMENT DEDUCTIONS	\$48,438,118	\$47,616,917	(\$821,201)
3	UNCOMPENSATED CARE	\$4,655,560	\$4,703,481	\$47,921
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,129,292	\$24,280,465	(\$848,827)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$32,042	\$23,831	(\$8,211)
6	TOTAL ADJUSTMENTS	\$78,255,012	\$76,624,694	(\$1,630,318)
7	TOTAL ACCRUED PAYMENTS	\$87,305,989	\$92,222,398	\$4,916,409
8	UCP DSH PAYMENTS (OHCA INPUT)	\$597,835	\$529,980	(\$67,855)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$87,903,824	\$92,752,378	\$4,848,554
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.5309452315	0.5493276603	0.0183824288
11	COST OF UNCOMPENSATED CARE	\$2,471,847	\$2,583,752	\$111,905
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$3,463,468	\$4,702,910	\$1,239,443
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$5,935,315	\$7,286,663	\$1,351,348
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	54.62%	57.94%	3.32%
2	MEDICARE	57.59%	65.91%	8.33%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	44.67%	43.53%	-1.14%
4	MEDICAID	50.05%	46.03%	-4.02%
5	OTHER MEDICAL ASSISTANCE	20.71%	22.51%	1.80%
6	CHAMPUS / TRICARE	43.24%	58.74%	15.49%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.11%	4.16%	-0.94%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>54.48%</b>	<b>59.93%</b>	<b>5.45%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>54.52%</b>	<b>59.38%</b>	<b>4.85%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	68.21%	67.57%	-0.64%
2	MEDICARE	46.11%	48.03%	1.92%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	37.59%	37.32%	-0.26%
4	MEDICAID	41.47%	39.31%	-2.16%
5	OTHER MEDICAL ASSISTANCE	19.47%	17.44%	-2.03%
6	CHAMPUS / TRICARE	50.61%	50.15%	-0.46%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6.45%	4.84%	-1.61%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>43.40%</b>	<b>44.34%</b>	<b>0.94%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>56.13%</b>	<b>55.92%</b>	<b>-0.20%</b>

<b>DAY KIMBALL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$91,993,591	\$96,294,986	\$4,301,395
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$597,835	\$529,980	(\$67,855)
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$92,591,426</b>	<b>\$96,824,966</b>	<b>\$4,233,540</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,403,934	\$3,826,990	\$423,056
4	<b>CALCULATED NET REVENUE</b>	<b>\$95,995,360</b>	<b>\$100,651,956</b>	<b>\$4,656,596</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$95,995,284	\$100,651,954	\$4,656,670
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$76</b>	<b>\$2</b>	<b>(\$74)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$165,561,001	\$168,847,092	\$3,286,091
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$165,561,001</b>	<b>\$168,847,092</b>	<b>\$3,286,091</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$165,561,002	\$168,847,093	\$3,286,091
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$1)</b>	<b>(\$1)</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,655,560	\$4,703,481	\$47,921
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$93,029	\$64,679	(\$28,350)
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$4,748,589</b>	<b>\$4,768,160</b>	<b>\$19,571</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,748,589	\$4,768,160	\$19,571
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,157,306
2	MEDICARE	28,346,683
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,310,131
4	MEDICAID	9,213,745
5	OTHER MEDICAL ASSISTANCE	1,096,386
6	CHAMPUS / TRICARE	306,112
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,207,338
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$38,962,926</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$54,120,232</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$57,225,261
2	MEDICARE	36,390,387
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20,028,899
4	MEDICAID	18,204,386
5	OTHER MEDICAL ASSISTANCE	1,824,513
6	CHAMPUS / TRICARE	1,082,313
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,592,162
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$57,501,599</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$114,726,860</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$72,382,567
2	TOTAL GOVERNMENT ACCRUED CHARGES	96,464,525
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$168,847,092</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,782,544
2	MEDICARE	18,684,382
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,488,217
4	MEDICAID	4,241,450
5	OTHER MEDICAL ASSISTANCE	246,767
6	CHAMPUS / TRICARE	179,806
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	50,266
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$23,352,405</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$32,134,949</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$38,664,834
2	MEDICARE	17,477,474
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,474,941
4	MEDICAID	7,156,747
5	OTHER MEDICAL ASSISTANCE	318,194
6	CHAMPUS / TRICARE	542,788
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	125,390
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$25,495,203</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$64,160,037</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$47,447,378
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	48,847,608
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$96,294,986</b>

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,726
2	MEDICARE	2,334
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,096
4	MEDICAID	1,050
5	OTHER MEDICAL ASSISTANCE	46
6	CHAMPUS / TRICARE	46
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	81
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>3,476</b>
	<b>TOTAL DISCHARGES</b>	<b>5,202</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.82930
2	MEDICARE	1.02350
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.82310
4	MEDICAID	0.82310
5	OTHER MEDICAL ASSISTANCE	0.82310
6	CHAMPUS / TRICARE	0.66580
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.85670
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>0.95558</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>0.91368</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$72,119,402
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$47,838,937
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$24,280,465
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	33.67%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,510,423
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$23,831
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$529,980
8	CHARITY CARE	\$1,391,261
9	BAD DEBTS	\$3,312,220
10	TOTAL UNCOMPENSATED CARE	\$4,703,481
11	TOTAL OTHER OPERATING REVENUE	\$2,972,027
12	TOTAL OPERATING EXPENSES	\$100,411,939

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$96,294,986
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$529,980
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$96,824,966</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,826,990
	<b>CALCULATED NET REVENUE</b>	<b>\$100,651,956</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$100,651,954
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$2</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$168,847,092
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$168,847,092</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$168,847,093
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$1)</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,703,481
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$64,679
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$4,768,160</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,768,160
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

<b>DAY KIMBALL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 650 - HOSPITAL UNCOMPENSATED CARE</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. <u>Hospital Charity Care (from HRS Report 500)</u></b>					
1	Number of Applicants	605	646	41	7%
2	Number of Approved Applicants	577	597	20	3%
3	<b>Total Charges (A)</b>	\$1,210,237	\$1,391,261	\$181,024	15%
4	<b>Average Charges</b>	<b>\$2,097</b>	<b>\$2,330</b>	<b>\$233</b>	<b>11%</b>
5	Ratio of Cost to Charges (RCC)	0.610266	0.574777	(0.035489)	-6%
6	<b>Total Cost</b>	<b>\$738,566</b>	<b>\$799,665</b>	<b>\$61,098</b>	<b>8%</b>
7	<b>Average Cost</b>	<b>\$1,280</b>	<b>\$1,339</b>	<b>\$59</b>	<b>5%</b>
8	Charity Care - Inpatient Charges	\$470,300	\$512,232	\$41,932	9%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	393,036	451,883	58,847	15%
10	Charity Care - Emergency Department Charges	346,901	427,146	80,245	23%
11	<b>Total Charges (A)</b>	<b>\$1,210,237</b>	<b>\$1,391,261</b>	<b>\$181,024</b>	<b>15%</b>
12	Charity Care - Number of Patient Days	153	269	116	76%
13	Charity Care - Number of Discharges	42	74	32	76%
14	Charity Care - Number of Outpatient ED Visits	555	651	96	17%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	804	1,041	237	29%
<b>B. <u>Hospital Bad Debts (from HRS Report 500)</u></b>					
1	Bad Debts - Inpatient Services	\$736,736	\$784,445	\$47,709	6%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	745,364	629,082	(116,282)	-16%
3	Bad Debts - Emergency Department	1,963,223	1,898,693	(64,530)	-3%
4	<b>Total Bad Debts (A)</b>	<b>\$3,445,323</b>	<b>\$3,312,220</b>	<b>(\$133,103)</b>	<b>-4%</b>
<b>C. <u>Hospital Uncompensated Care (from HRS Report 500)</u></b>					
1	Charity Care (A)	\$1,210,237	\$1,391,261	\$181,024	15%
2	Bad Debts (A)	3,445,323	3,312,220	(133,103)	-4%
3	<b>Total Uncompensated Care (A)</b>	<b>\$4,655,560</b>	<b>\$4,703,481</b>	<b>\$47,921</b>	<b>1%</b>
4	Uncompensated Care - Inpatient Services	\$1,207,036	\$1,296,677	\$89,641	7%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,138,400	1,080,965	(57,435)	-5%
6	Uncompensated Care - Emergency Department	2,310,124	2,325,839	15,715	1%
7	<b>Total Uncompensated Care (A)</b>	<b>\$4,655,560</b>	<b>\$4,703,481</b>	<b>\$47,921</b>	<b>1%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL TOTAL NON-GOVERNMENT	FY 2010 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
<b><u>COMMERCIAL - ALL PAYERS</u></b>					
1	Total Gross Revenue	\$71,884,616	\$72,119,402	\$234,786	0%
2	Total Contractual Allowances	\$25,129,292	\$24,280,465	(\$848,827)	-3%
	<b>Total Accrued Payments (A)</b>	<b>\$46,755,324</b>	<b>\$47,838,937</b>	<b>\$1,083,613</b>	<b>2%</b>
	<b>Total Discount Percentage</b>	<b>34.96%</b>	<b>33.67%</b>	<b>-1.29%</b>	<b>-4%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

<b>DAY KIMBALL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>A. <u>Gross and Net Revenue</u></b>				
1	Inpatient Gross Revenue	\$53,977,458	\$58,108,748	\$54,120,232
2	Outpatient Gross Revenue	\$100,064,214	\$107,452,253	\$114,726,860
3	Total Gross Patient Revenue	\$154,041,672	\$165,561,001	\$168,847,092
4	Net Patient Revenue	\$88,983,220	\$95,995,284	\$100,651,954
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$95,714,493	\$96,763,604	\$100,411,939
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	20,465	20,204	18,876
2	Discharges	5,387	5,573	5,202
3	Average Length of Stay	3.8	3.6	3.6
4	Equivalent (Adjusted) Patient Days (EPD)	58,403	57,564	58,890
0	Equivalent (Adjusted) Discharges (ED)	15,374	15,878	16,229
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	0.88410	0.92232	0.91368
2	Case Mix Adjusted Patient Days (CMAPD)	18,093	18,635	17,247
3	Case Mix Adjusted Discharges (CMAD)	4,763	5,140	4,753
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	51,634	53,093	53,807
5	Case Mix Adjusted Equivalent Discharges (CMAED)	13,592	14,645	14,829
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$7,527	\$8,194	\$8,945
2	Total Gross Revenue per Discharge	\$28,595	\$29,708	\$32,458
3	Total Gross Revenue per EPD	\$2,638	\$2,876	\$2,867
4	Total Gross Revenue per ED	\$10,020	\$10,427	\$10,404
5	Total Gross Revenue per CMAEPD	\$2,983	\$3,118	\$3,138
6	Total Gross Revenue per CMAED	\$11,334	\$11,305	\$11,387
7	Inpatient Gross Revenue per EPD	\$924	\$1,009	\$919
8	Inpatient Gross Revenue per ED	\$3,511	\$3,660	\$3,335

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$4,348	\$4,751	\$5,332
2	Net Patient Revenue per Discharge	\$16,518	\$17,225	\$19,349
3	Net Patient Revenue per EPD	\$1,524	\$1,668	\$1,709
4	Net Patient Revenue per ED	\$5,788	\$6,046	\$6,202
5	Net Patient Revenue per CMAEPD	\$1,723	\$1,808	\$1,871
6	Net Patient Revenue per CMAED	\$6,547	\$6,555	\$6,788
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$4,677	\$4,789	\$5,320
2	Total Operating Expense per Discharge	\$17,768	\$17,363	\$19,303
3	Total Operating Expense per EPD	\$1,639	\$1,681	\$1,705
4	Total Operating Expense per ED	\$6,226	\$6,094	\$6,187
5	Total Operating Expense per CMAEPD	\$1,854	\$1,823	\$1,866
6	Total Operating Expense per CMAED	\$7,042	\$6,607	\$6,772
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$14,428,705	\$14,709,080	\$15,382,127
2	Nursing Fringe Benefits Expense	\$4,412,297	\$4,040,000	\$4,566,728
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$18,841,002</b>	<b>\$18,749,080</b>	<b>\$19,948,855</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$2,591,124	\$3,546,430	\$3,398,414
2	Physician Fringe Benefits Expense	\$792,366	\$974,063	\$1,008,939
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$3,383,490</b>	<b>\$4,520,493</b>	<b>\$4,407,353</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$25,067,937	\$25,140,587	\$26,861,137
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$7,665,774	\$6,905,120	\$7,974,678
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$32,733,711</b>	<b>\$32,045,707</b>	<b>\$34,835,815</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$42,087,766	\$43,396,097	\$45,641,678
2	Total Fringe Benefits Expense	\$12,870,437	\$11,919,183	\$13,550,345
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$54,958,203</b>	<b>\$55,315,280</b>	<b>\$59,192,023</b>

<b>DAY KIMBALL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	223.8	234.9	248.0
2	Total Physician FTEs	12.9	16.3	15.4
3	Total Non-Nursing, Non-Physician FTEs	477.7	486.7	511.4
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>714.4</b>	<b>737.9</b>	<b>774.8</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$64,471	\$62,618	\$62,025
2	Nursing Fringe Benefits Expense per FTE	\$19,715	\$17,199	\$18,414
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$84,187</b>	<b>\$79,817</b>	<b>\$80,439</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$200,862	\$217,572	\$220,676
2	Physician Fringe Benefits Expense per FTE	\$61,424	\$59,758	\$65,516
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$262,286</b>	<b>\$277,331</b>	<b>\$286,192</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$52,476	\$51,655	\$52,525
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$16,047	\$14,188	\$15,594
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$68,524</b>	<b>\$65,843</b>	<b>\$68,119</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$58,913	\$58,810	\$58,908
2	Total Fringe Benefits Expense per FTE	\$18,016	\$16,153	\$17,489
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$76,929</b>	<b>\$74,963</b>	<b>\$76,397</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,685	\$2,738	\$3,136
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,202	\$9,926	\$11,379
3	Total Salary and Fringe Benefits Expense per EPD	\$941	\$961	\$1,005
4	Total Salary and Fringe Benefits Expense per ED	\$3,575	\$3,484	\$3,647
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,064	\$1,042	\$1,100
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,044	\$3,777	\$3,992